

# Social and Human Service Programs Review: Reimbursement Rates

State of Rhode Island, Office of the Health Insurance Commissioner

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## Background

Milliman, Inc. (Milliman) has been retained by the State of Rhode Island Office of the Health Insurance Commissioner (OHIC) to conduct a comprehensive review of all social and human service programs having a contract with or licensed by the state, inclusive of the State of Rhode Island Executive Office of Health and Human Services (EOHHS) and the state agencies under its purview. This 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 final assessment being a culmination of the prior nine assessments. 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.

The assessments were completed in two phases with the first phase published in May 2023, and second phase published by September 1, 2023. The first phase included the nine assessments with a limited scope of services. The second phase is cumulative encompassing all information presented in the first phase reports with any applicable updates and additional programs or services reviewed. The second phase will conclude with a 10th report, published by OHIC, which will contain recommended provider reimbursement rate adjustments and other findings from the review.

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

## Executive Summary

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

Appendix 1 and Appendix 2 illustrate the summary of the assessment on social and human services program rates, including the rate currently being paid and the date of the last increase<sup>1</sup>. Appendix 1 illustrates the reimbursement rates for services paid for via FFS reimbursement through Rhode Island's Medicaid Management Information System (MMIS)<sup>2</sup>, which is used to reimburse providers for most Medicaid services. Appendix 2 illustrates the reimbursement rates for services paid outside of the MMIS, including child welfare, child care, and other human services.

Utilization data has been collected and is included in *Social and human service programs review: Utilization trends* report (Utilization Trends Report), the third statutorily required assessment<sup>3</sup>. The utilization data in the Utilization Trends Report is used to understand the scope and expenditure basis of the services reported in Appendix 1 and Appendix 2. Figure 1 and Figure 2 provide a preliminary view of the expenditures by service category for MMIS services using state fiscal year (SFY) 2022 fee-for-service claims.

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

| MAJOR SERVICE CATEGORY   | FFS EXPENDITURES (\$Millions) |
|--|-------------------------------|
| Intellectual and Developmental Disability Services                 | 315.5                         |
| Nursing Home and Hospice   | 324.9                         |
| Home and Community Based Services                                  | 124.9                         |
| Hospital   | 66.3                          |
| Behavioral Health Providers  | 45.7                          |
| Children's Services  | 43.9                          |
| Physician / Advanced Practice Providers                            | 8.0                           |
| Other  | 48.9                          |
| <b>Total</b>   | <b>978.0</b>                  |
| <b>Total for I/DD, HCBS, BH Providers, and Children's Services</b> | <b>530.0</b>                  |

### Notes

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

Social and human service programs reimbursed through the MMIS were categorized into following major service categories: home and community-based services (HCBS), behavioral health (BH) providers, intellectual and developmental disability (I/DD) services, and children's services. The remainder of this report focuses on these service categories.

<sup>1</sup> The effective date in Appendix 1 reflects the date reimbursement became effective for the current service code. The last rate change for services that changed billing codes may be prior to the date illustrated in Appendix 1, particularly for behavioral health service codes that were changed January 1, 2016.

<sup>2</sup> The MMIS fee schedule can be accessed here:  
<https://providersearch.riproviderportal.org/ProviderSearchEOHHS/FFSFeeSchedule.aspx>

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

Figure 2 provides further detail on the social and human services, illustrating SFY 2022 expenditures for the identified major service categories at a more granular level. In addition, the most recent rate change for services within each service category is illustrated. For example, the 17% illustrated for the HCBS Adult Day Care service category indicates that 17% of the SFY 2022 Adult Day Care Medicaid expenditures are associated with a service that last received a rate modification in SFY 2021. This figure provides a high-level overview of the timing of the most recent rate change for Medicaid services, excluding temporary fee-for-service rate changes enacted by the state for American Rescue Plan Act (ARPA) workforce development initiatives. A detailed view of the date of most recent rate modification for various codes included in this analysis can be found in Appendix 1. Figure 2 excludes approximately \$21 million in claims paid by the Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH) via an exception process (L9 modifier), since these claims' unit cost varies from the fee schedule.

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

| MAJOR CATEGORY      | SERVICE CATEGORY                              | TOTAL DOLLARS (\$Millions) | SFY 2016 AND PRIOR       | SFY 2017 TO 2020 | SFY 2021  | SFY 2022  | SFY 2023   | SFY 2024   |
|---------------------|---|----------------------------|--------------------------|------------------|-----------|-----------|------------|------------|
| BH Providers        | BHDDH BH Group                                | \$ 0.5                     | 100%                     | 0%               | 0%        | 0%        | 0%         | 0%         |
| BH Providers        | Children's BH Group                           | \$ 0.0                     | 98%                      | 2%               | 0%        | 0%        | 0%         | 0%         |
| BH Providers        | CMHC Services                                 | \$ 42.9                    | 64%                      | 25%              | 0%        | 0%        | 11%        | 0%         |
| BH Providers        | Emergency BH Service                          | \$ 0.7                     | 0%                       | 100%             | 0%        | 0%        | 0%         | 0%         |
| BH Providers        | Licensed Therapist                            | \$ 0.0                     | 100%                     | 0%               | 0%        | 0%        | 0%         | 0%         |
| BH Providers        | Other Therapies                               | \$ 0.4                     | 58%                      | 0%               | 0%        | 0%        | 42%        | 0%         |
| BH Providers        | Peer Recovery Services                        | \$ 0.1                     | 0%                       | 100%             | 0%        | 0%        | 0%         | 0%         |
| BH Providers        | Psychologist                                  | \$ 0.0                     | 52%                      | 48%              | 0%        | 0%        | 0%         | 0%         |
| BH Providers        | Substance Use Rehab                           | \$ 1.0                     | 34%                      | 66%              | 0%        | 0%        | 0%         | 0%         |
| Children's services | Cedar   | \$ 0.1                     | 0%                       | 100%             | 0%        | 0%        | 0%         | 0%         |
| Children's services | DCYF  | \$ 31.0                    | 0%                       | 0%               | 0%        | 0%        | 0%         | 100%       |
| Children's services | Early Intervention                            | \$ 3.3                     | 1%                       | 0%               | 0%        | 0%        | 99%        | 0%         |
| Children's services | Home/Center-Based Therapeutic Services        | \$ 9.6                     | 0%                       | 0%               | 0%        | 0%        | 97%        | 3%         |
| I/DDS <sup>6</sup>  | BHDDH Services                                | \$ 256.4                   | 0%                       | 0%               | 0%        | 0%        | 100%       | 0%         |
| I/DDS <sup>6</sup>  | Home Care                                     | \$ 4.1                     | 0%                       | 0%               | 0%        | 0%        | 0%         | 100%       |
| I/DDS <sup>6</sup>  | RICLAS  | \$ 26.6                    | Based on allowable costs |                  |           |           |            |            |
| I/DDS <sup>6</sup>  | Tavares                                       | \$ 7.2                     | 0%                       | 0%               | 0%        | 100%      | 0%         | 0%         |
| HCBS                | Adult Day Care                                | \$ 6.7                     | 0%                       | 61%              | 17%       | 22%       | 0%         | 0%         |
| HCBS                | Assisted Living Facility                      | \$ 15.3                    | 0%                       | 0%               | 0%        | 100%      | 0%         | 0%         |
| HCBS                | Case Management                               | \$ 2.5                     | 100%                     | 0%               | 0%        | 0%        | 0%         | 0%         |
| HCBS                | Day Habilitation                              | \$ 0.5                     | 100%                     | 0%               | 0%        | 0%        | 0%         | 0%         |
| HCBS                | Home Care                                     | \$ 70.2                    | 0%                       | 0%               | 0%        | 0%        | 0%         | 100%       |
| HCBS                | Home Health                                   | \$ 1.0                     | 1%                       | 0%               | 0%        | 0%        | 0%         | 99%        |
| HCBS                | Home Meal Delivery                            | \$ 0.2                     | 0%                       | 0%               | 0%        | 0%        | 0%         | 100%       |
| HCBS                | Hospice                                       | \$ 1.5                     | 0%                       | 0%               | 0%        | 0%        | 0%         | 100%       |
| HCBS                | Independent Provider                          | \$ 1.3                     | 0%                       | 8%               | 0%        | 0%        | 92%        | 0%         |
| HCBS                | Personal Choice/Hab Case Management           | \$ 0.7                     | 0%                       | 15%              | 85%       | 0%        | 0%         | 0%         |
| HCBS                | Self-Directed Community Services <sup>7</sup> | \$ 11.3                    | 0%                       | 0%               | 100%      | 0%        | 0%         | 0%         |
| HCBS                | Severely Disabled Nursing Homecare            | \$ 7.1                     | 0%                       | 0%               | 0%        | 0%        | 0%         | 100%       |
| HCBS                | Shared Living Agency                          | \$ 6.1                     | 37%                      | 0%               | 0%        | 63%       | 0%         | 0%         |
| HCBS                | Waiver Case Manager; Other                    | \$ 0.5                     | 33%                      | 67%              | 0%        | 0%        | 0%         | 0%         |
| <b>TOTAL</b>        |   | <b>\$ 508.7</b>            | <b>13%</b>               | <b>4%</b>        | <b>3%</b> | <b>6%</b> | <b>57%</b> | <b>17%</b> |

Notes

- Figure reflects fee-for-service expenditures and rate change dates. Managed care organization expenditures and rate changes are excluded. The rate change distribution is based on Medicaid services listed in Appendix 1, except for DCYF and Tavares for which the last rate change was based on discussion with state agencies.
- Figure excludes the temporary fee-for-service rate changes enacted by the state for ARPA workforce development initiatives.
- Figure excludes claims paid by BHDDH via an exception process (L9 modifier).
- Service coding changes result in a rate effective date change in the Medicaid fee schedule and are included as rate changes in Figure 2 and Appendix 1.
- Additional detailed categories for BH Providers - CMHC Services and I/DDS - BHDDH Services are included in Appendix 1.
- Certain I/DDS will have a rate change in SFY 2024 but are not yet implemented.
- The rate change date listed for Self-Directed Community Services reflects reimbursement rate changes for the fiscal intermediary. Self-directed personal care worker rates are not available on the MMIS fee schedule given the nature of the payment arrangement.
- Values have been rounded.

## Methodology

### SOCIAL AND HUMAN SERVICE PROGRAM RATES SCOPE

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

- **Social and Human Service Programs Review Advisory Council.** The October 31, 2022, Advisory Council meeting included a discussion of this reimbursement rates report. In addition, Milliman and OHIC discussed the intended scope and planned approach of the project during the March 1, 2023 Advisory Council meeting prior to publication of the Phase One report March 29, 2023. Feedback received from the Advisory Council following the Phase One report was incorporated into this report.
- **Advisory Council member interviews.** OHIC and Milliman met with all members of the Advisory Council and their invited stakeholders in small group format (one to three stakeholders per meeting) to discuss the review scope and approach. Each stakeholder group was constructed to provide the insight and perspective of a distinct set of providers.
- **Interagency Workgroup.** OHIC and Milliman met with the Interagency Workgroup over the course of this project to discuss the review scope and approach. Each agency included in the statutory requirement participated in the Interagency Workgroup, offering insight and perspective on the services administered by the department.

Based on this review, we understand the services outlined in Appendix 1 (services administered through MMIS) and Appendix 2 (non-MMIS services) of this report to be in scope of the Social and Human Service Programs rate review. We understand the social and human service definition to exclude hospitals, nursing facilities, physician services, and ancillary services. In addition, we understand services paid under a mechanism other than a fee-for-service rate (such as capitated rates) to be excluded from the review. Rates negotiated between Medicaid managed care organizations (MCOs) and providers for the services included in Appendix 1 or Appendix 2 are out of scope of this review but may be considered as a part of the assessment of services that are in scope.

This report contains all the services included in the Phase One report and new services based on information received from state agencies and stakeholders. In addition, the rates in Appendix 1 were updated to include MMIS fee schedule adjustments since the publication of the Phase One report.

### APPENDIX DEVELOPMENT

The primary data sources for Appendix 1 and Appendix 2 are the Medicaid fee schedule and data collected through a survey of state agencies. Data collected through a survey provided to members of the Advisory Council was used to ensure the scope of services identified through the primary services was comprehensive.

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

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

A crosswalk of provider type to major service category is provided in Appendix 3.

The Rhode Island Medicaid fee schedule was used to demonstrate the current reimbursement rate and the date of last rate change for these services. The “Effective Date” reflects the date of the last rate change as of July 1, 2023. The “Effective Date (excl. ARPA)” reflects the effective date of the last rate change as of July 1, 2023, excluding any temporary rate increases for purposes of the ARPA workforce development initiative (discussed further below). The effective date in Appendix 1 reflects the date reimbursement became effective for the current service code.



The last rate change for services that changed billing codes may be prior to the date illustrated in Appendix 1, particularly for behavioral health service codes that were changed January 1, 2016.

Appendix 2 illustrates social and human services that are provided to program recipients for which the state reimburses the provider a fee-for-service rate. These services primarily include child welfare, child care, tobacco quit line, vocational rehabilitation.

## Rhode Island Reimbursement Initiatives

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

### ARPA WORKFORCE DEVELOPMENT

As part of ARPA, Rhode Island received approximately \$115 million in enhanced Federal Medical Assistance Percentage (FMAP) revenue from the federal government.<sup>4</sup> The additional ARPA revenue was attributable to a temporary 10% FMAP increase for all state expenditures on HCBS. This includes a range of services including home care, assisted living, independent providers, I/DD services, and certain children's services and behavioral health services.

The additional federal funds were required by ARPA to be used on HCBS services. As noted in a State Medicaid Director letter from CMS, the administered funds must "supplement, not supplant" current State spending (general revenue).<sup>5</sup> EOHHS dedicated an estimated \$57 million of the ARPA funds to a HCBS Recruitment and Retention Program<sup>6</sup> to increase compensation to frontline HCBS workers. In addition, an estimated \$6.1 million was directed to workforce training programs to bolster the healthcare workforce and expand career pathway opportunities for direct care workers.<sup>7</sup>

Figure 3 details the total funding for each of the respective HCBS provider categories and the funding mechanism.<sup>8</sup> Please note that the rate increases listed below were temporary as a means to distribute the ARPA funding. For example, the fee-for-service rate increase for home care agencies was effective November 1, 2021 and ended March 31, 2022.

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

<sup>5</sup> State Medicaid Director Letter (2021, May 13). Medicaid. <https://www.medicaid.gov/sites/default/files/2022-03/smd21003-update.pdf>

<sup>6</sup> Rhode Island Executive Office of Health and Human Services. (January 17, 2023). RI State *Spending Plan and Spending Narrative for ARPA HCBS FMAP: Initial Plan- Submitted July 9, 2021*. <https://eohhs.ri.gov/initiatives/hcbs-enhancement>

<sup>7</sup> Ibid.

<sup>8</sup> Rhode Island Executive Office of Health and Human Services. (July 14, 2023). RI State *Spending Plan Narrative for Implementation of ARPA FY2024 Q1*. <https://eohhs.ri.gov/initiatives/hcbs-enhancement>

**FIGURE 3: AMERICAN RESCUE PLAN ACT HCBS EXPENDITURES**

| PROVIDER DESCRIPTION <sup>1</sup>                    | FUNDING MECHANISM                  | ESTIMATED FUNDING (\$Millions) |
|--|------------------------------------|--------------------------------|
| <b>LTSS PROVIDERS</b>                                |                                    |                                |
| Home Care Agencies                                   | Temporary FFS Rate Increase        | \$26.0                         |
| Home Health <sup>2</sup>                             | Temporary FFS Rate Increase        | \$1.6                          |
| Adult Day Care                                       | Temporary FFS Rate Increase        | \$1.7                          |
| Habilitation Group Homes <sup>3</sup>                | Temporary FFS Rate Increase        | \$1.2                          |
| Personal Choice Fiscal Intermediary                  | Temporary FFS Rate Increase        | <\$0.1                         |
| Independent Provider Fiscal Intermediary             | Temporary FFS Rate Increase        | <\$0.1                         |
| Personal Choice Recruitment & Retention Bonuses      | Direct Grant                       | \$3.5                          |
| Independent Provider Recruitment & Retention Bonuses | Direct Grant                       | \$0.4                          |
| PACE   | Temporary Capitation Rate Increase | \$3.4                          |
| LTSS Case Management                                 | Temporary FFS Rate Increase        | \$0.4                          |
| <b>BEHAVIORAL HEALTH PROVIDERS</b>                   |                                    |                                |
| Substance Use Disorder (SUD) Rehab                   | MCO Direct Payment                 | \$8.3                          |
| CMHCs  | Temporary FFS Rate Increase        | \$10.6                         |
| HBTS/ PASS   | Temporary FFS Rate Increase        | \$5.7                          |
| HBTS/PASS  | Direct Grant                       | \$2.0                          |
| Peer Recovery Programs                               | Temporary FFS Rate Increase        | <\$0.1                         |
| MCO Emergency Outpatient Services (EOS)              | MCO Direct Payment                 | \$0.3                          |

Notes

1. Additional providers not included in this list also received rate increases via the American Rescue Plan Act, including fiscal intermediaries.

2. "Home Health" is also referred to as "Skilled Nursing Homecare" in the Quarterly Spending Report submitted to CMS.

3. "Habilitation Group Homes" includes both habilitation group homes and day habilitation services.

The goal of the HCBS Recruitment and Retention Program is to increase the total number of HCBS direct care workers and licensed health professionals actively providing frontline services to Medicaid enrollees to meet consumer needs more fully.<sup>9</sup> To achieve this goal, EOHHS sought to improve HCBS staff retention rates and reduce HCBS position vacancy rates. EOHHS required that a minimum of 85% of the funds from this temporary HCBS rate increase be passed through directly from the provider agencies to frontline workers to support hiring, retention, and stability of this critical workforce. Provider agencies are required to use the enhanced funding between January 1, 2022, and March 31, 2023. The funds are required to be spent via retention bonuses, increased wages, hiring new providers, or other retention activities such as providing new benefits. To count as an allowable activity, additional compensation using these enhanced funds must be over and above compensation that was paid to frontline workers prior to the temporary rate increase. Funds cannot be used to replace base wages or other regular compensation.

**LEGISLATIVE RATE INCREASES**

Per Kaiser Family Foundation's 2022 Medicaid Budget Survey<sup>10</sup>, many state Medicaid programs are reporting planned provider rate increases for SFY 2023. These states cite wage inflation and established policies which tie reimbursement rates to increasing Medicare rates and/or cost-based methodologies as drivers behind rate increases. Some states report that their SFY 2023 budgets do not account for the unusually high wage inflation and addressing those inflationary costs is a key point of discussion. Nursing facilities and HCBS providers received a rate increase in 40 or more states, while other provider groups received a rate increase in approximately 20 to 25 states on average.

<sup>9</sup> HCBS Workforce Recruitment and Retention. (n.d.). Rhode Island Executive Office of Health and Human Services. <https://eohhs.ri.gov/initiatives/hcbs-workforce-recruitment-and-retention>

<sup>10</sup> Hinton, E., Raphael, J., Haldar, S., Gifford, K., Lashbrook, A., Nardone, M., Oct 25, M. W. P., & 2022. (2022, October 25). How the Pandemic Continues to Shape Medicaid Priorities: Results from an Annual Medicaid Budget Survey for State Fiscal Years 2022 and 2023 - Executive Summary. KFF. <https://www.kff.org/report-section/medicaid-budget-survey-for-state-fiscal-years-2022-and-2023-executive-summary/>

In Rhode Island, the SFY 2023 enacted budget<sup>11</sup> included reimbursement changes for the following services outlined in Appendix 1 and Appendix 2:

- **Home delivered meals.** The fee-for-service home delivered meals program (also referred to as “Meals on Wheels”) introduced new therapeutic and cultural meals tailored to improve health through nutrition and rates were increased effective July 1, 2022. Rate increases varied between approximately 50% to 200%.
- **Early intervention services.** The fee-for-service early intervention service rates were increased by 45% effective July 1, 2022.
- **Home-based services.** Medicaid reimbursement rates for home-based services were increased to reflect a minimum \$15 per hour for direct care workers. This statutory initiative resulted in rate increases for children’s therapeutic and respite services, home care agencies, personal choice providers, and independent providers.
- **Child care.** The tiered reimbursement rates for child care were increased by approximately 13% on average with rates increasing at approximately 8.9% and 10.8% for infant/toddler and pre-school care, respectively, and by approximately 20% for children of school age.<sup>12</sup>
- **Child welfare.** Besides home and community-based increases, Rhode Island also used ARPA funds to increase provider reimbursement rates for the Department of Children, Youth, and Families (DCYF) and developmental disability providers. In partnership with Medicaid, DCYF funded \$5.1 million to support a full-year provider rate increase and slot expansion to expand the HCBS service array, effective July 1, 2022.<sup>13</sup> In addition, the 2023 state enacted budget added \$6.3 million in general revenue to increase provider reimbursement rates. This funding will allow for a temporary rate increase of 14% for out-of-home services, including foster care and congregate care, as well as home and community-based services.<sup>14</sup>

The Rhode Island SFY 2024 budget includes provision for certified community behavioral health clinics covering services for persons with mental health and/or substance use disorders. The program will be effective February 1, 2024, and will create a new monthly bundled payment methodology that reflects each organization’s anticipated costs for behavioral health services covered under the program.

#### OTHER INFLUENCES ON PROVIDER REIMBURSEMENT

In addition to recent Medicaid fee-for-service reimbursement rate changes, the items outlined below are expected to directly impact reimbursement for providers serving Rhode Island’s social and human service programs. Other market influences on provider expenses such as the current inflationary environment and competitive labor market are also considered in the remaining Social and Human Service Program reports.

- **Medicaid managed care.** Many social and human services are provided through the Medicaid managed care program. Reimbursement for these services by the Medicaid managed care organizations (MCOs) may vary from the Medicaid fee schedule, although certain Medicaid reimbursement initiatives are required in both the FFS program and the managed care program. Managed care expenditures represented approximately 57% of Medicaid expenditures in SFY 2019<sup>15</sup>. Additional context of Medicaid managed care reimbursement is included in the Utilization Trends report released under this review.

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

<sup>12</sup> Rhode Island Department of Human Services. (July 29, 2022). *DHS Applies Increased Tiered Reimbursement Rates for Child Care Centers*. <https://dhs.ri.gov/press-releases/dhs-applies-increased-tiered-reimbursement-rates-child-care-centers>

<sup>13</sup> Rhode Island Executive Office of Health and Human Services. (January 17, 2023). *Spending Plan Narrative for Implementation of American Rescue Plan Act of 2021, Section 9817 FY2023 Q3*. <https://eohhs.ri.gov/initiatives/hcbs-enhancement>

<sup>14</sup> Rhode Island General Assembly Senate Fiscal Office. (2022, October 11). *FY2023 BUDGET AS ENACTED*. <https://www.rilegislature.gov/sfiscal/Budget%20Analyses/FY2023%20SFO%20Budget%20as%20passed%20by%20House%20Finance%20Committee.pdf>

<sup>15</sup> Rhode Island Executive Office of Health and Human Services (May 6, 2021). *Rhode Island Medicaid Expenditure Report*. [https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-05/RIMedicaidExpenditureReport\\_SF19.pdf](https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-05/RIMedicaidExpenditureReport_SF19.pdf)

- **Consent decree.** Rhode Island has entered into a consent decree with the United States Department of Justice<sup>16</sup> to transform its intellectual and developmental disabilities service system. This consent decree requires that the Medicaid reimbursable rate support the starting wage for support staff at \$18 per hour beginning July 1, 2022, and \$20 per hour beginning July 1, 2023.
- **Home care incentive payments.** Participating home care providers are eligible for reimbursement enhancements for accreditation, training, and client/worker satisfaction measures<sup>17</sup>. In addition, home care providers are eligible for incentive payments through the Long-Term Services and Supports Alternative Payment Methodology Program,<sup>18</sup> which was piloted by EOHHS effective July 1, 2022.
- **Alternative payment models.** Certain social and human services in Rhode Island are paid via alternative payment models. While these services are currently excluded from this review, they may influence the reimbursement of other social and human services. For example, the Certified Community Behavioral Health Clinic (CCBHC) initiative is an alternative payment model that may affect environmental factors influencing reimbursement for related behavioral health services.
- **Legislatively mandated annual rate changes.** Reimbursement rates for home health, hospice, home care<sup>19</sup>, and home delivered meals<sup>20</sup> are increased on an annual basis per Rhode Island statute. Home care, home health, and hospice rates are increased by the New England Consumer Price Index and home delivered meal rates are increased based on the CPI-U for New England: Food at Home.

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

<sup>16</sup> United States of America v. State of Rhode Island, Case No. CA14-175 (United States District Court, District of Rhode Island April 9, 2014). <https://bhddh.ri.gov/sites/g/files/xkgbur411/files/2021-03/ri-olmstead-statewide-agreement.pdf>.

<sup>17</sup> Rhode Island Executive Office of Health and Human Services. (n.d.) Home Care Service Rates for Eligible Providers. [https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2023-06/Home%20Care%20Rate%20Sheet%206\\_13\\_2023.pdf](https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2023-06/Home%20Care%20Rate%20Sheet%206_13_2023.pdf)

<sup>18</sup> Rhode Island Executive Office of Health and Human Services. (n.d.). LTSS APM. <https://eohhs.ri.gov/initiatives/accountable-entities/ltss-apm>.

<sup>19</sup> Medical Assistance- Long-term Care Services and Finance Reform, R.I. Gen. Laws § 40-8.9-9 (2021). <http://webserver.rilin.state.ri.us/statutes/title40/40-8.9/40-8.9-9.htm>

<sup>20</sup> House Bill 7123, Substitute A as amended. Making appropriations for the support of the state for the fiscal year ending June 30, 2023, (2022). <https://webserver.rilegislature.gov/BillText22/HouseText22/H7123Aaa.pdf>

## Limitations and Data Reliance

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

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

## Appendix 1: MMIS Fee Schedule for Selected Provider Types

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

| Major Service Category      | Detailed Service Category     | Billing Provider Code | Program Indicator Code | Program Description          | Procedure Code Description   | Procedure Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Current Rate | Effective Date | Effective Date (excl. ARPA) |
|-----------------------------|-------------------------------|-----------------------|------------------------|------------------------------|--|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MBH015                 | Behavioral Services Non-DCYF | Psychiatric diagnostic evaluation without medical services   | 90791          |       |       |       |       | 150.00       | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychiatric diagnostic evaluation without medical services   | 90791          | AJ    |       |       |       | 131.75       | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychiatric diagnostic evaluation without medical services   | 90791          | HF    |       |       |       | 108.50       | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychiatric diagnostic evaluation without medical services   | 90791          | HO    |       |       |       | 131.75       | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychiatric diagnostic evaluation without medical services   | 90791          | TD    |       |       |       | 124.00       | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychiatric diagnostic evaluation without medical services   | 90791          | UA    |       |       |       | 116.25       | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychiatric diagnostic evaluation with medical services  | 90792          |       |       |       |       | 294.35       | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMA001                 | General Medicaid             | Psychiatric diagnostic evaluation with medical services  | 90792          |       |       |       |       | 120.00       | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychiatric diagnostic evaluation with medical services  | 90792          | TD    | TF    |       |       | 250.20       | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MBH015                 | Behavioral Services Non-DCYF | Psychotherapy, 30 minutes with patient and/or family member  | 90832          |       |       |       |       | 47.50        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychotherapy, 30 minutes with patient and/or family member  | 90832          | AJ    |       |       |       | 52.50        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychotherapy, 30 minutes with patient and/or family member  | 90832          | HF    |       |       |       | 45.50        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychotherapy, 30 minutes with patient and/or family member  | 90832          | HO    |       |       |       | 52.50        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychotherapy, 30 minutes with patient and/or family member  | 90832          | UA    |       |       |       | 49.00        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMA001                 | General Medicaid             | Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management | 90833          |       |       |       |       | 25.18        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management | 90833          |       |       |       |       | 42.00        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management | 90833          | TD    | TF    |       |       | 37.50        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MBH015                 | Behavioral Services Non-DCYF | Psychotherapy, 45 minutes with patient and/or family member  | 90834          |       |       |       |       | 71.25        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychotherapy, 45 minutes with patient and/or family member  | 90834          | AJ    |       |       |       | 72.00        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychotherapy, 45 minutes with patient and/or family member  | 90834          | HF    |       |       |       | 62.40        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychotherapy, 45 minutes with patient and/or family member  | 90834          | HO    |       |       |       | 72.00        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychotherapy, 45 minutes with patient and/or family member  | 90834          | UA    |       |       |       | 67.20        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMA001                 | General Medicaid             | Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management | 90836          |       |       |       |       | 40.87        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MBH015                 | Behavioral Services Non-DCYF | Psychotherapy, 60 minutes with patient and/or family member  | 90837          |       |       |       |       | 95.00        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychotherapy, 60 minutes with patient and/or family member  | 90837          | AJ    |       |       |       | 75.00        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychotherapy, 60 minutes with patient and/or family member  | 90837          | HF    |       |       |       | 65.00        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychotherapy, 60 minutes with patient and/or family member  | 90837          | HO    |       |       |       | 75.00        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Psychotherapy, 60 minutes with patient and/or family member  | 90837          | UA    |       |       |       | 70.00        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Family psychotherapy (without the patient present)   | 90846          |       |       |       |       | 90.00        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Family psychotherapy (without the patient present)   | 90846          | AJ    |       |       |       | 67.50        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes                             | 90847          |       |       |       |       | 96.00        | 1/1/2016       | 1/1/2016                    |

| State of Rhode Island<br>Office of the Health Insurance Commissioner<br>Appendix 1<br>Medicaid Fee Schedule for Selected Provider Types |                               |                       |                        |                              |  |                |       |       |       |       |              |                |                             |
|---|-------------------------------|-----------------------|------------------------|------------------------------|--|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Major Service Category  | Detailed Service Category     | Billing Provider Code | Program Indicator Code | Program Description          | Procedure Code Description   | Procedure Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Current Rate | Effective Date | Effective Date (excl. ARPA) |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes   | 90847          | HO    |       |       |       | 72.00        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes   | 90847          | UA    |       |       |       | 67.20        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Group psychotherapy (other than of a multiple-family group)  | 90853          |       |       |       |       | 48.00        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Group psychotherapy (other than of a multiple-family group)  | 90853          | AJ    |       |       |       | 36.00        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Group psychotherapy (other than of a multiple-family group)  | 90853          | HF    |       |       |       | 31.20        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Group psychotherapy (other than of a multiple-family group)  | 90853          | HO    |       |       |       | 36.00        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Group psychotherapy (other than of a multiple-family group)  | 90853          | UA    |       |       |       | 33.60        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMA001                 | General Medicaid             | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history, a detailed examination, medical decision making of low complexity  | 99203          |       |       |       |       | 29.00        | 1/1/1996       | 1/1/1996                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMA001                 | General Medicaid             | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history, a comprehensive examination, medical decision making of moderate complexity   | 99204          |       |       |       |       | 45.00        | 1/1/1996       | 1/1/1996                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMA001                 | General Medicaid             | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history, a comprehensive examination, medical decision making of high complexity   | 99205          |       |       |       |       | 46.00        | 1/1/1996       | 1/1/1996                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified healthcare professional  | 99211          |       |       |       |       | 8.05         | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified healthcare professional  | 99211          | TD    |       |       |       | 7.50         | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, straightforward medical decision making                       | 99212          |       |       |       |       | 56.00        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMA001                 | General Medicaid             | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history, an expanded problem focused examination, medical decision making of low complexity | 99213          |       |       |       |       | 20.64        | 4/1/1993       | 4/1/1993                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history, an expanded problem focused examination, medical decision making of low complexity | 99213          |       |       |       |       | 78.00        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history, an expanded problem focused examination, medical decision making of low complexity | 99213          | TD    | TF    |       |       | 66.30        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMA001                 | General Medicaid             | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history, a detailed examination, medical decision making of moderate complexity                              | 99214          |       |       |       |       | 27.00        | 4/1/1993       | 4/1/1993                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history, a detailed examination, medical decision making of moderate complexity                              | 99214          |       |       |       |       | 118.00       | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history, a detailed examination, medical decision making of moderate complexity                              | 99214          | TD    | TF    |       |       | 100.30       | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history, a comprehensive examination, medical decision making of high complexity                        | 99215          |       |       |       |       | 148.00       | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MMH015                 | Adult Mental Health          | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history, a comprehensive examination, medical decision making of high complexity                        | 99215          | TD    | TF    |       |       | 125.80       | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MBH015                 | Behavioral Services Non-DCYF | Behavioral health counseling and therapy, per 15 minutes   | H0004          | AJ    |       |       |       | 16.25        | 7/1/2007       | 7/1/2007                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MBH015                 | Behavioral Services Non-DCYF | Behavioral health counseling and therapy, per 15 minutes   | H0004          | HO    |       |       |       | 16.25        | 7/1/2007       | 7/1/2007                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MBH015                 | Behavioral Services Non-DCYF | Behavioral health counseling and therapy, per 15 minutes   | H0004          | HO    | HR    |       |       | 18.75        | 7/1/2007       | 7/1/2007                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group | 066                   | MBH015                 | Behavioral Services Non-DCYF | Behavioral health counseling and therapy, per 15 minutes   | H0004          | HO    | HS    |       |       | 18.75        | 7/1/2007       | 7/1/2007                    |



| State of Rhode Island<br>Office of the Health Insurance Commissioner<br>Appendix 1<br>Medicaid Fee Schedule for Selected Provider Types |                                    |                       |                        |                              |  |                |       |       |       |       |              |                |                             |
|---|------------------------------------|-----------------------|------------------------|------------------------------|--|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Major Service Category  | Detailed Service Category          | Billing Provider Code | Program Indicator Code | Program Description          | Procedure Code Description   | Procedure Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Current Rate | Effective Date | Effective Date (excl. ARPA) |
| Behavioral Health Providers   | BHDDH Behavioral Health Group      | 066                   | MBH015                 | Behavioral Services Non-DCYF | Behavioral health counseling and therapy, per 15 minutes   | H0004          | HQ    | AJ    |       |       | 5.00         | 7/1/2007       | 7/1/2007                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group      | 066                   | MBH015                 | Behavioral Services Non-DCYF | Behavioral health counseling and therapy, per 15 minutes   | H0004          | HQ    | HO    |       |       | 5.00         | 7/1/2007       | 7/1/2007                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group      | 066                   | MBH015                 | Behavioral Services Non-DCYF | Mental health assessment, by non-physician   | H0031          | AJ    |       |       |       | 100.00       | 7/1/2007       | 7/1/2007                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group      | 066                   | MBH015                 | Behavioral Services Non-DCYF | Mental health assessment, by non-physician   | H0031          | HO    |       |       |       | 100.00       | 7/1/2007       | 7/1/2007                    |
| Behavioral Health Providers   | BHDDH Behavioral Health Group      | 066                   | MBH015                 | Behavioral Services Non-DCYF | Comprehensive medication services, per 15 minutes  | H2010          |       |       |       |       | 30.00        | 7/1/2007       | 7/1/2007                    |
| Behavioral Health Providers   | Behavioral Health Group Children's | 047                   | MMA001                 | General Medicaid             | Interactive complexity   | 90785          |       |       |       |       | 2.89         | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers   | Behavioral Health Group Children's | 047                   | MBH015                 | Behavioral Services Non-DCYF | Psychiatric diagnostic evaluation without medical services   | 90791          |       |       |       |       | 150.00       | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers   | Behavioral Health Group Children's | 047                   | MBH015                 | Behavioral Services Non-DCYF | Psychiatric diagnostic evaluation without medical services   | 90791          | HP    |       |       |       | 125.00       | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers   | Behavioral Health Group Children's | 047                   | MBH015                 | Behavioral Services Non-DCYF | Psychotherapy, 30 minutes with patient and/or family member  | 90832          |       |       |       |       | 47.50        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers   | Behavioral Health Group Children's | 047                   | MMA001                 | General Medicaid             | Psychotherapy, 30 minutes with patient and/or family member  | 90832          |       |       |       |       | 37.98        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers   | Behavioral Health Group Children's | 047                   | MBH015                 | Behavioral Services Non-DCYF | Psychotherapy, 30 minutes with patient and/or family member  | 90832          | HP    |       |       |       | 40.00        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers   | Behavioral Health Group Children's | 047                   | MBH015                 | Behavioral Services Non-DCYF | Psychotherapy, 45 minutes with patient and/or family member  | 90834          |       |       |       |       | 71.25        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers   | Behavioral Health Group Children's | 047                   | MBH015                 | Behavioral Services Non-DCYF | Psychotherapy, 45 minutes with patient and/or family member  | 90834          | HP    |       |       |       | 60.00        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers   | Behavioral Health Group Children's | 047                   | MMA001                 | General Medicaid             | Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management               | 90836          |       |       |       |       | 40.87        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers   | Behavioral Health Group Children's | 047                   | MBH015                 | Behavioral Services Non-DCYF | Psychotherapy, 60 minutes with patient and/or family member  | 90837          |       |       |       |       | 95.00        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers   | Behavioral Health Group Children's | 047                   | MBH015                 | Behavioral Services Non-DCYF | Psychotherapy, 60 minutes with patient and/or family member  | 90837          | HP    |       |       |       | 80.00        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers   | Behavioral Health Group Children's | 047                   | MMA001                 | General Medicaid             | Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management               | 90838          |       |       |       |       | 65.84        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers   | Behavioral Health Group Children's | 047                   | MBH015                 | Behavioral Services Non-DCYF | Family psychotherapy (without the patient present)   | 90846          | HP    |       |       |       | 90.00        | 7/1/2007       | 7/1/2007                    |
| Behavioral Health Providers   | Behavioral Health Group Children's | 047                   | MBH015                 | Behavioral Services Non-DCYF | Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes   | 90847          | HP    |       |       |       | 90.00        | 7/1/2007       | 7/1/2007                    |
| Behavioral Health Providers   | Behavioral Health Group Children's | 047                   | MMA001                 | General Medicaid             | Neuropsychological testing evaluation by qualified healthcare professional, first 60 minutes                               | 96132          |       |       |       |       | 76.57        | 1/1/2019       | 1/1/2019                    |
| Behavioral Health Providers   | Behavioral Health Group Children's | 047                   | MMA001                 | General Medicaid             | Neuropsychological testing evaluation by qualified healthcare professional, additional 60 minutes                          | 96133          |       |       |       |       | 58.41        | 1/1/2019       | 1/1/2019                    |
| Behavioral Health Providers   | Behavioral Health Group            | 047                   | MMA001                 | General Medicaid             | Psychological or neuropsychological test administration and scoring by qualified healthcare professional, first 30 minutes | 96136          |       |       |       |       | 27.45        | 1/1/2019       | 1/1/2019                    |

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| Major Service Category      | Detailed Service Category          | Billing Provider Code | Program Indicator Code | Program Description            | Procedure Code Description   | Procedure Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Current Rate | Effective Date | Effective Date (excl. ARPA) |
|-----------------------------|------------------------------------|-----------------------|------------------------|--------------------------------|--|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Behavioral Health Providers | Children's Behavioral Health Group | 047                   | MMA001                 | General Medicaid               | Psychological or neuropsychological test administration and scoring by qualified healthcare professional, additional 30 minutes  | 96137          |       |       |       |       | 25.39        | 1/1/2019       | 1/1/2019                    |
| Behavioral Health Providers | Children's Behavioral Health Group | 047                   | MMA001                 | General Medicaid               | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history, a comprehensive examination, medical decision making of moderate complexity   | 99204          |       |       |       |       | 45.00        | 1/1/1996       | 1/1/1996                    |
| Behavioral Health Providers | Children's Behavioral Health Group | 047                   | MMA001                 | General Medicaid               | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history, an expanded problem focused examination, medical decision making of low complexity | 99213          |       |       |       |       | 20.64        | 4/1/1993       | 4/1/1993                    |
| Behavioral Health Providers | Children's Behavioral Health Group | 047                   | MMA001                 | General Medicaid               | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history, a detailed examination, medical decision making of moderate complexity                              | 99214          |       |       |       |       | 27.00        | 4/1/1993       | 4/1/1993                    |
| Behavioral Health Providers | Children's Behavioral Health Group | 047                   | MMA001                 | General Medicaid               | Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low-level medical decision making  | 99221          |       |       |       |       | 38.18        | 4/1/1993       | 4/1/1993                    |
| Behavioral Health Providers | Children's Behavioral Health Group | 047                   | MMA001                 | General Medicaid               | Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making   | 99222          |       |       |       |       | 44.00        | 1/1/1996       | 1/1/1996                    |
| Behavioral Health Providers | Children's Behavioral Health Group | 047                   | MMA001                 | General Medicaid               | Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making   | 99223          |       |       |       |       | 46.00        | 1/1/1996       | 1/1/1996                    |
| Behavioral Health Providers | Children's Behavioral Health Group | 047                   | MMA001                 | General Medicaid               | Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making                                  | 99231          |       |       |       |       | 17.00        | 4/1/1993       | 4/1/1993                    |
| Behavioral Health Providers | Children's Behavioral Health Group | 047                   | MMA001                 | General Medicaid               | Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making  | 99232          |       |       |       |       | 29.72        | 4/1/1993       | 4/1/1993                    |
| Behavioral Health Providers | Children's Behavioral Health Group | 047                   | MMA001                 | General Medicaid               | Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making  | 99233          |       |       |       |       | 29.72        | 4/1/1993       | 4/1/1993                    |
| Behavioral Health Providers | Children's Behavioral Health Group | 047                   | MMA001                 | General Medicaid               | Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter  | 99238          |       |       |       |       | 34.88        | 4/1/1993       | 4/1/1993                    |
| Behavioral Health Providers | Children's Behavioral Health Group | 047                   | MMA001                 | General Medicaid               | Emergency department visit for the evaluation and management of a patient  | 99285          |       |       |       |       | 92.55        | 7/1/2003       | 7/1/2003                    |
| Behavioral Health Providers | Children's Behavioral Health Group | 047                   | MBH015                 | Behavioral Services Non-DCYF   | Behavioral health counseling and therapy, per 15 minutes   | H0004          | AJ    |       |       |       | 16.25        | 7/1/2007       | 7/1/2007                    |
| Behavioral Health Providers | Children's Behavioral Health Group | 047                   | MBH010                 | Behavioral Health Services DHS | Mental health assessment, by non-physician   | H0031          | HO    | H9    |       |       | 70.00        | 7/1/2007       | 7/1/2007                    |
| Behavioral Health Providers | Children's Behavioral Health Group | 047                   | MBH010                 | Behavioral Health Services DHS | Mental health assessment, by non-physician   | H0031          | HP    | H9    |       |       | 80.00        | 7/1/2007       | 7/1/2007                    |
| Behavioral Health Providers | CMHC - ACT                         | 061                   | MBA010                 | Assertive Community Treatment  | Assertive community treatment program, per diem  | H0040          |       |       |       |       | 41.65        | 4/1/2022       | 7/1/2016                    |
| Behavioral Health Providers | CMHC - IHH                         | 061                   | MBI010                 | Integrated Health Home         | Community psychiatric supportive treatment program, per diem   | H0037          |       |       |       |       | 13.82        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | CMHC - MHPRR                       | 061                   | MMH015                 | Adult Mental Health            | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem  | H0019          |       |       |       |       | 85.00        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | CMHC - MHPRR                       | 061                   | MMH015                 | Adult Mental Health            | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem  | H0019          | U1    |       |       |       | 85.00        | 4/1/2022       | 1/1/2016                    |
| Behavioral Health Providers | CMHC - MHPRR                       | 061                   | MMH015                 | Adult Mental Health            | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem  | H0019          | U3    |       |       |       | 125.00       | 4/1/2022       | 1/1/2016                    |
| Behavioral Health Providers | CMHC - MHPRR                       | 061                   | MMH015                 | Adult Mental Health            | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem  | H0019          | U4    |       |       |       | 125.00       | 4/1/2022       | 1/1/2016                    |

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| Major Service Category      | Detailed Service Category | Billing Provider Code | Program Indicator Code | Program Description                | Procedure Code Description   | Procedure Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Current Rate | Effective Date | Effective Date (excl. ARPA) |
|-----------------------------|---------------------------|-----------------------|------------------------|------------------------------------|--|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Behavioral Health Providers | CMHC - MHPRR              | 061                   | MMH015                 | Adult Mental Health                | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem  | H0019          | U5    |       |       |       | 175.00       | 4/1/2022       | 1/1/2016                    |
| Behavioral Health Providers | CMHC - MHPRR              | 061                   | MMH015                 | Adult Mental Health                | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem  | H0019          | U6    |       |       |       | 525.00       | 4/1/2022       | 4/1/2022                    |
| Behavioral Health Providers | CMHC - Other              | 061                   | MMH015                 | Adult Mental Health                | Psychiatric diagnostic evaluation without medical services   | 90791          | AJ    |       |       |       | 131.75       | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | CMHC - Other              | 061                   | MMH015                 | Adult Mental Health                | Psychiatric diagnostic evaluation without medical services   | 90791          | HO    |       |       |       | 131.75       | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | CMHC - Other              | 061                   | MMH015                 | Adult Mental Health                | Psychiatric diagnostic evaluation without medical services   | 90791          | UA    |       |       |       | 116.25       | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | CMHC - Other              | 061                   | MMH015                 | Adult Mental Health                | Psychiatric diagnostic evaluation with medical services  | 90792          |       |       |       |       | 294.35       | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | CMHC - Other              | 061                   | MMH015                 | Adult Mental Health                | Psychotherapy, 45 minutes with patient and/or family member  | 90834          | UA    |       |       |       | 67.20        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | CMHC - Other              | 061                   | MMH015                 | Adult Mental Health                | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified healthcare professional  | 99211          |       |       |       |       | 8.05         | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | CMHC - Other              | 061                   | MMH015                 | Adult Mental Health                | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified healthcare professional  | 99211          | TD    |       |       |       | 7.50         | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | CMHC - Other              | 061                   | MMH015                 | Adult Mental Health                | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history, an expanded problem focused examination, medical decision making of low complexity | 99213          |       |       |       |       | 78.00        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | CMHC - Other              | 061                   | MMH015                 | Adult Mental Health                | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history, a detailed examination, medical decision making of moderate complexity                              | 99214          |       |       |       |       | 118.00       | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | CMHC - Other              | 061                   | MBH090                 | Children's Intensive Services DHS  | Behavioral health counseling and therapy, per 15 minutes   | H0004          |       |       |       |       | 24.50        | 8/1/2008       | 8/1/2008                    |
| Behavioral Health Providers | CMHC - Other              | 061                   | MDC080                 | Proj Connect & Residential Counsel | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem  | H0019          | U5    |       |       |       | 532.38       | 10/1/2022      | 10/1/2022                   |
| Behavioral Health Providers | CMHC - Other              | 061                   | MDC080                 | Proj Connect & Residential Counsel | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem  | H0019          | U6    |       |       |       | 571.14       | 10/1/2022      | 10/1/2022                   |
| Behavioral Health Providers | CMHC - Other              | 061                   | MDC080                 | Proj Connect & Residential Counsel | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem  | H0019          | U7    |       |       |       | 580.26       | 10/1/2022      | 10/1/2022                   |
| Behavioral Health Providers | CMHC - Other              | 061                   | MDC080                 | Proj Connect & Residential Counsel | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem  | H0019          | U8    |       |       |       | 661.50       | 10/1/2022      | 10/1/2022                   |
| Behavioral Health Providers | CMHC - Other              | 061                   | MMH015                 | Adult Mental Health                | Community psychiatric supportive treatment, face-to-face, per 15 minutes   | H0036          | HN    |       |       |       | 21.25        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | CMHC - Other              | 061                   | MMA001                 | General Medicaid                   | Rehabilitation program, per 1/2 day  | H2001          |       |       |       |       | 223.50       | 5/1/2006       | 5/1/2006                    |
| Behavioral Health Providers | CMHC - Other              | 061                   | MMA001                 | General Medicaid                   | Crisis intervention service, per 15 minutes  | H2011          |       |       |       |       | 22.50        | 11/1/2007      | 11/1/2007                   |
| Behavioral Health Providers | CMHC - Other              | 061                   | MMH015                 | Adult Mental Health                | Crisis intervention service, per 15 minutes  | H2011          | U1    |       |       |       | 37.50        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | CMHC - Other              | 061                   | MBH090                 | Children's Intensive Services DHS  | Skills training and development, per 15 minutes  | H2014          |       |       |       |       | 22.00        | 8/1/2008       | 8/1/2008                    |
| Behavioral Health Providers | CMHC - Other              | 061                   | MDC080                 | Proj Connect & Residential Counsel | Community-based wrap-around services, per diem   | H2022          |       |       |       |       | 33.24        | 5/1/2006       | 5/1/2006                    |
| Behavioral Health Providers | CMHC - Other              | 061                   | MMH015                 | Adult Mental Health                | Supported employment, per 15 minutes   | H2023          |       |       |       |       | 21.25        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | CMHC - Other              | 061                   | MBH090                 | Children's Intensive Services DHS  | Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter  | T1023          |       |       |       |       | 300.00       | 8/1/2008       | 8/1/2008                    |
| Behavioral Health Providers | CMHC - Other              | 061                   | MMH010                 | Adult Mental Health                | Adult mh residential service   | X0341          |       |       |       |       | 125.00       | 1/1/2006       | 1/1/2006                    |
| Behavioral Health Providers | CMHC - Other              | 061                   | MAS010                 | Behavioral Health Acute            | Adult mh residential service   | X0341          | HH    | TG    |       |       | 394.00       | 4/1/2022       | 7/1/2009                    |

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|-----------------------------|-------------------------------------|-----------------------|------------------------|------------------------------|---|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Behavioral Health Providers | Emergency Behavioral Health Service | 111                   | MBL010                 | Behavioral Healthcare Link   | Crisis intervention mental health services, per diem  | S9485          |       |       |       |       | 598.50       | 1/1/2020       | 1/1/2020                    |
| Behavioral Health Providers | Licensed Therapist                  | 017                   | MBH015                 | Behavioral Services Non-DCYF | Psychiatric diagnostic evaluation without medical services  | 90791          |       |       |       |       | 150.00       | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | Licensed Therapist                  | 017                   | MBH015                 | Behavioral Services Non-DCYF | Psychotherapy, 45 minutes with patient and/or family member   | 90834          |       |       |       |       | 71.25        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | Licensed Therapist                  | 017                   | MBH015                 | Behavioral Services Non-DCYF | Psychotherapy, 60 minutes with patient and/or family member   | 90837          |       |       |       |       | 95.00        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | Licensed Therapist                  | 017                   | MBH015                 | Behavioral Services Non-DCYF | Behavioral health counseling and therapy, per 15 minutes  | H0004          | HO    | HR    |       |       | 18.75        | 7/1/2007       | 7/1/2007                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MHP010                 | Hippotherapy                 | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual  | 92507          |       |       |       |       | 29.00        | 5/1/2006       | 5/1/2006                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MHP010                 | Hippotherapy                 | Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more  | 92508          |       |       |       |       | 19.00        | 5/1/2006       | 5/1/2006                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MHP010                 | Hippotherapy                 | Evaluation of speech sound production with evaluation of language comprehension and expression  | 92523          |       |       |       |       | 85.00        | 1/1/2014       | 1/1/2014                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MMA001                 | General Medicaid             | Treatment of swallowing dysfunction and/or oral function for feeding  | 92526          |       |       |       |       | 21.47        | 1/1/1996       | 1/1/1996                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MMA001                 | General Medicaid             | Ultrasound therapy  | 97035          | GO    |       |       |       | 6.81         | 1/1/1999       | 1/1/1999                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MHP010                 | Hippotherapy                 | Therapeutic procedure, one or more areas, each 15 minutes therapeutic exercises to develop strength and endurance, range of motion and flexibility  | 97110          |       |       |       |       | 14.50        | 7/1/2003       | 7/1/2003                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MHP010                 | Hippotherapy                 | Therapeutic procedure, one or more areas, each 15 minutes therapeutic exercises to develop strength and endurance, range of motion and flexibility  | 97110          | GO    |       |       |       | 14.50        | 5/1/2006       | 5/1/2006                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MMA001                 | General Medicaid             | Manual therapy 1/> regions  | 97140          | GO    |       |       |       | 9.29         | 1/1/1999       | 1/1/1999                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MHP010                 | Hippotherapy                 | Therapeutic procedure(s), group (2 or more individuals)   | 97150          | GO    |       |       |       | 19.00        | 5/1/2006       | 5/1/2006                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MHP010                 | Hippotherapy                 | Evaluation of occupational therapy, typically 30 minutes  | 97165          |       |       |       |       | 85.00        | 1/1/2017       | 1/1/2017                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MHP010                 | Hippotherapy                 | Re-evaluation of occupational therapy, established plan of care, typically 30 minutes   | 97168          |       |       |       |       | 85.00        | 1/1/2017       | 1/1/2017                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MMA001                 | General Medicaid             | Therapeutic activities, direct patient contact by the provider, each 15 minutes   | 97530          |       |       |       |       | 15.89        | 10/1/2012      | 10/1/2012                   |
| Behavioral Health Providers | Other Therapies                     | 073                   | MMA001                 | General Medicaid             | Therapeutic activities, direct patient contact by the provider, each 15 minutes   | 97530          | GO    |       |       |       | 15.89        | 1/1/1999       | 1/1/1999                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MMA001                 | General Medicaid             | Self care/home management training, direct one-on-one contact by provider, each 15 minutes  | 97535          |       |       |       |       | 10.73        | 1/1/1996       | 1/1/1996                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MMA001                 | General Medicaid             | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history, a detailed examination, medical decision making of moderate complexity | 99214          |       |       |       |       | 27.00        | 4/1/1993       | 4/1/1993                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MHP010                 | Hippotherapy                 | Mental health services, not otherwise specified   | H0046          |       |       |       |       | 36.00        | 7/1/2022       | 7/1/2022                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MHP010                 | Hippotherapy                 | Mental health services, not otherwise specified   | H0046          | HO    |       |       |       | 55.00        | 7/1/2022       | 7/1/2022                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MHP010                 | Hippotherapy                 | Skills training and development, per 15 minutes   | H2014          |       |       |       |       | 27.50        | 7/1/2022       | 7/1/2022                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MHP010                 | Hippotherapy                 | Skills training and development, per 15 minutes   | H2014          | HO    |       |       |       | 27.50        | 7/1/2022       | 7/1/2022                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MHP015                 | Clubhouse                    | Mental health clubhouse services, per diem  | H2031          |       |       |       |       | 50.00        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MHP010                 | Hippotherapy                 | Patient education, not otherwise classified, non-physician provider, group, per session   | S9446          |       |       |       |       | 20.00        | 7/1/2022       | 7/1/2022                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MHP010                 | Hippotherapy                 | Case management, each 15 minutes  | T1016          |       |       |       |       | 16.00        | 7/1/2022       | 7/1/2022                    |
| Behavioral Health Providers | Other Therapies                     | 073                   | MHP010                 | Hippotherapy                 | Team evaluation & management per encounter  | T1024          |       |       |       |       | 31.00        | 7/1/2022       | 7/1/2022                    |
| Behavioral Health Providers | Peer Recovery Services              | 109                   | MBP010                 | Peer Support Services-MH     | Self-help/peer services, per 15 minutes   | H0038          | U2    |       |       |       | 13.50        | 4/1/2022       | 7/1/2018                    |
| Behavioral Health Providers | Peer Recovery Services              | 109                   | MBP010                 | Peer Support Services-MH     | Self-help/peer services, per 15 minutes   | H0038          | U2    | HQ    |       |       | 4.00         | 4/1/2022       | 10/1/2019                   |

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|-----------------------------|------------------------------|-----------------------|------------------------|--------------------------|--|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Behavioral Health Providers | Peer Recovery Services       | 109                   | MBP011                 | Peer Support Services-SA | Self-help/peer services, per 15 minutes  | H0038          | U3    |       |       |       | 13.50        | 4/1/2022       | 7/1/2018                    |
| Behavioral Health Providers | Peer Recovery Services       | 109                   | MBP011                 | Peer Support Services-SA | Self-help/peer services, per 15 minutes  | H0038          | U3    | HQ    |       |       | 4.00         | 4/1/2022       | 10/1/2019                   |
| Behavioral Health Providers | Psychologist                 | 030                   | MMA001                 | General Medicaid         | Psychiatric diagnostic evaluation without medical services   | 90791          |       |       |       |       | 110.00       | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | Psychologist                 | 030                   | MMA001                 | General Medicaid         | Psychotherapy, 30 minutes with patient and/or family member  | 90832          |       |       |       |       | 37.98        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | Psychologist                 | 030                   | MMA001                 | General Medicaid         | Psychotherapy, 45 minutes with patient and/or family member  | 90834          |       |       |       |       | 80.00        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | Psychologist                 | 030                   | MMA001                 | General Medicaid         | Psychotherapy, 45 minutes with patient and/or family member  | 90834          | GT    |       |       |       | 48.92        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | Psychologist                 | 030                   | MMA001                 | General Medicaid         | Psychotherapy, 60 minutes with patient and/or family member  | 90837          |       |       |       |       | 80.00        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | Psychologist                 | 030                   | MMA001                 | General Medicaid         | Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes   | 90847          |       |       |       |       | 80.00        | 10/1/2012      | 10/1/2012                   |
| Behavioral Health Providers | Psychologist                 | 030                   | MMA001                 | General Medicaid         | Psychological testing evaluation by qualified healthcare professional, first 60 minutes  | 96130          |       |       |       |       | 68.11        | 1/1/2019       | 1/1/2019                    |
| Behavioral Health Providers | Psychologist                 | 030                   | MMA001                 | General Medicaid         | Psychological testing evaluation by qualified healthcare professional, additional 60 minutes   | 96131          |       |       |       |       | 51.81        | 1/1/2019       | 1/1/2019                    |
| Behavioral Health Providers | Psychologist                 | 030                   | MMA001                 | General Medicaid         | Neuropsychological testing evaluation by qualified healthcare professional, first 60 minutes   | 96132          |       |       |       |       | 76.57        | 1/1/2019       | 1/1/2019                    |
| Behavioral Health Providers | Psychologist                 | 030                   | MMA001                 | General Medicaid         | Neuropsychological testing evaluation by qualified healthcare professional, additional 60 minutes  | 96133          |       |       |       |       | 58.41        | 1/1/2019       | 1/1/2019                    |
| Behavioral Health Providers | Psychologist                 | 030                   | MMA001                 | General Medicaid         | Psychological or neuropsychological test administration and scoring by qualified healthcare professional, first 30 minutes   | 96136          |       |       |       |       | 27.45        | 1/1/2019       | 1/1/2019                    |
| Behavioral Health Providers | Psychologist                 | 030                   | MMA001                 | General Medicaid         | Psychological or neuropsychological test administration and scoring by qualified healthcare professional, additional 30 minutes  | 96137          |       |       |       |       | 25.39        | 1/1/2019       | 1/1/2019                    |
| Behavioral Health Providers | Psychologist                 | 030                   | MMA001                 | General Medicaid         | Psychological or neuropsychological test administration and scoring by technician, first 30 minutes  | 96138          |       |       |       |       | 22.29        | 1/1/2019       | 1/1/2019                    |
| Behavioral Health Providers | Psychologist                 | 030                   | MMA001                 | General Medicaid         | Psychological or neuropsychological test administration and scoring by technician, additional 30 minutes   | 96139          |       |       |       |       | 22.29        | 1/1/2019       | 1/1/2019                    |
| Behavioral Health Providers | Psychologist                 | 030                   | MMA001                 | General Medicaid         | Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified healthcare professional, per calendar month, with the following required elements  | 99484          |       |       |       |       | 27.86        | 1/1/2018       | 1/1/2018                    |
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MMA001                 | General Medicaid         | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers, chromatography, and mass spectrometry   | 80307          |       |       |       |       | 47.89        | 1/1/2017       | 1/1/2017                    |
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MMA001                 | General Medicaid         | Psychiatric diagnostic evaluation without medical services   | 90791          |       |       |       |       | 110.00       | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MMA001                 | General Medicaid         | Psychiatric diagnostic evaluation with medical services  | 90792          |       |       |       |       | 120.00       | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MMA001                 | General Medicaid         | Psychotherapy, 30 minutes with patient and/or family member  | 90832          |       |       |       |       | 37.98        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MMA001                 | General Medicaid         | Psychotherapy, 45 minutes with patient and/or family member  | 90834          |       |       |       |       | 80.00        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MMA001                 | General Medicaid         | Psychotherapy, 45 minutes with patient and/or family member  | 90834          | 95    |       |       |       | 48.92        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MMA001                 | General Medicaid         | Screening to determine the appropriateness of consideration of an individual for participation in a specified  | 90837          |       |       |       |       | 80.00        | 1/1/2013       | 1/1/2013                    |
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MMA001                 | General Medicaid         | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history, a comprehensive examination, medical decision making of moderate complexity   | 99204          |       |       |       |       | 45.00        | 1/1/1996       | 1/1/1996                    |
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MMA001                 | General Medicaid         | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history, an expanded problem focused examination, medical decision making of low complexity | 99213          |       |       |       |       | 20.64        | 4/1/1993       | 4/1/1993                    |
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MMA001                 | General Medicaid         | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history, a detailed examination, medical decision making of moderate complexity                              | 99214          | 95    |       |       |       | 27.00        | 4/1/1993       | 4/1/1993                    |
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MSA010                 | Substance Abuse Services | Alcohol and/or drug assessment   | H0001          |       |       |       |       | 97.00        | 5/1/2006       | 5/1/2006                    |
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MSA010                 | Substance Abuse Services | Alcohol and/or drug assessment   | H0001          | UD    |       |       |       | 97.00        | 5/1/2006       | 5/1/2006                    |

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| Major Service Category      | Detailed Service Category    | Billing Provider Code | Program Indicator Code | Program Description       | Procedure Code Description  | Procedure Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Current Rate | Effective Date | Effective Date (excl. ARPA) |
|-----------------------------|------------------------------|-----------------------|------------------------|---------------------------|---|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MSA010                 | Substance Abuse Services  | Behavioral health counseling and therapy, per 15 minutes  | H0004          |       |       |       |       | 17.94        | 1/1/2006       | 1/1/2006                    |
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MSA010                 | Substance Abuse Services  | Behavioral health counseling and therapy, per 15 minutes  | H0004          | UD    |       |       |       | 17.94        | 1/1/2006       | 1/1/2006                    |
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MSA010                 | Substance Abuse Services  | Alcohol and/or drug services, group counseling by a clinician   | H0005          |       |       |       |       | 32.30        | 5/1/2006       | 5/1/2006                    |
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MSA010                 | Substance Abuse Services  | Alcohol and/or drug services, group counseling by a clinician   | H0005          | UD    |       |       |       | 32.30        | 5/1/2006       | 5/1/2006                    |
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MSA010                 | Substance Abuse Services  | Alcohol and/or drug services, intensive outpatient, including assessment, counseling, crisis intervention     | H0015          | HF    |       |       |       | 91.50        | 1/1/2016       | 1/1/2016                    |
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MSA010                 | Substance Abuse Services  | Alcohol and or drug services, methadone administration and or service   | H0020          |       |       |       |       | 12.14        | 7/1/2016       | 7/1/2016                    |
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MBO020                 | Opioid Treatment Program  | Community psychiatric supportive treatment program, per diem  | H0037          |       |       |       |       | 7.64         | 7/1/2016       | 7/1/2016                    |
| Behavioral Health Providers | Substance Use Rehabilitation | 060                   | MSA010                 | Substance Abuse Services  | Alcohol and/or other drug treatment program, per diem   | H2036          |       |       |       |       | 91.50        | 5/1/2006       | 5/1/2006                    |
| Children's services         | Cedar                        | 082                   | MCE010                 | Cedar Center Services     | Screening to determine the appropriateness of consideration of an individual for participation in a specified | T1023          |       |       |       |       | 330.00       | 7/1/2023       | 7/1/2023                    |
| Children's services         | Cedar                        | 082                   | MCE010                 | Cedar Center Services     | Comp multidisipline evaluation  | H2000          |       |       |       |       | 220.00       | 7/1/2023       | 7/1/2023                    |
| Children's services         | Cedar                        | 082                   | MCE010                 | Cedar Center Services     | Com wrap-around sv, 15 min  | H2021          |       |       |       |       | 20.00        | 7/1/2023       | 7/1/2023                    |
| Children's services         | CRAFT                        | 003                   | MMA001                 | General Medicaid          | Bradley Hospital CRAFT services   | 0154           |       |       |       |       | 496.60       | 7/1/2017       | 7/1/2017                    |
| Children's services         | CRAFT                        | 003                   | MMC010                 | Managed Care - RlItCare   | Bradley Hospital CRAFT services   | 0154           |       |       |       |       | 496.60       | 7/1/2017       | 7/1/2017                    |
| Children's services         | Early Intervention           | 059                   | MEI015                 | Early Intervention Non-MA | Evaluation of speech and sound production   | 92522          |       |       |       |       | 217.21       | 7/1/2022       | 7/1/2022                    |
| Children's services         | Early Intervention           | 059                   | MEI015                 | Early Intervention Non-MA | Evaluation of speech sound production with evaluation of language comprehension and expression                | 92523          |       |       |       |       | 434.42       | 7/1/2022       | 7/1/2022                    |
| Children's services         | Early Intervention           | 059                   | MEI010                 | Early Intervention MA     | Evaluation of speech sound production with evaluation of language comprehension and expression                | 92523          |       |       |       |       | 434.42       | 7/1/2022       | 7/1/2022                    |
| Children's services         | Early Intervention           | 059                   | MEI015                 | Early Intervention Non-MA | Evaluation of speech sound production with evaluation of language comprehension and expression                | 92523          | 52    |       |       |       | 217.21       | 7/1/2022       | 7/1/2022                    |
| Children's services         | Early Intervention           | 059                   | MEI010                 | Early Intervention MA     | Evaluation of speech sound production with evaluation of language comprehension and expression                | 92523          | 52    |       |       |       | 217.21       | 7/1/2022       | 7/1/2022                    |
| Children's services         | Early Intervention           | 059                   | MEI015                 | Early Intervention Non-MA | Evaluation of physical therapy, typically 20 minutes  | 97161          |       |       |       |       | 217.21       | 7/1/2022       | 7/1/2022                    |
| Children's services         | Early Intervention           | 059                   | MEI010                 | Early Intervention MA     | Evaluation of physical therapy, typically 20 minutes  | 97161          |       |       |       |       | 217.21       | 7/1/2022       | 7/1/2022                    |
| Children's services         | Early Intervention           | 059                   | MEI015                 | Early Intervention Non-MA | Evaluation of physical therapy, typically 30 minutes  | 97162          |       |       |       |       | 217.21       | 7/1/2022       | 7/1/2022                    |
| Children's services         | Early Intervention           | 059                   | MEI010                 | Early Intervention MA     | Evaluation of physical therapy, typically 30 minutes  | 97162          |       |       |       |       | 217.21       | 7/1/2022       | 7/1/2022                    |
| Children's services         | Early Intervention           | 059                   | MEI015                 | Early Intervention Non-MA | Evaluation of physical therapy, typically 45 minutes  | 97163          |       |       |       |       | 217.21       | 7/1/2022       | 7/1/2022                    |
| Children's services         | Early Intervention           | 059                   | MEI010                 | Early Intervention MA     | Evaluation of occupational therapy, typically 30 minutes  | 97165          |       |       |       |       | 217.21       | 7/1/2022       | 7/1/2022                    |
| Children's services         | Early Intervention           | 059                   | MEI015                 | Early Intervention Non-MA | Evaluation of occupational therapy, typically 30 minutes  | 97165          |       |       |       |       | 217.21       | 7/1/2022       | 7/1/2022                    |
| Children's services         | Early Intervention           | 059                   | MEI015                 | Early Intervention Non-MA | Evaluation of occupational therapy, typically 45 minutes  | 97166          |       |       |       |       | 217.21       | 7/1/2022       | 7/1/2022                    |
| Children's services         | Early Intervention           | 059                   | MEI010                 | Early Intervention MA     | Evaluation of occupational therapy, typically 45 minutes  | 97166          |       |       |       |       | 217.21       | 7/1/2022       | 7/1/2022                    |
| Children's services         | Early Intervention           | 059                   | MEI015                 | Early Intervention Non-MA | Evaluation of occupational therapy, established plan of care, typically 60 minutes                            | 97167          |       |       |       |       | 217.21       | 7/1/2022       | 7/1/2022                    |
| Children's services         | Early Intervention           | 059                   | MEI010                 | Early Intervention MA     | Evaluation of occupational therapy, established plan of care, typically 60 minutes                            | 97167          |       |       |       |       | 217.21       | 7/1/2022       | 7/1/2022                    |
| Children's services         | Early Intervention           | 059                   | MEI015                 | Early Intervention Non-MA | Re-evaluation of occupational therapy, established plan of care, typically 30 minutes                         | 97168          |       |       |       |       | 217.21       | 7/1/2022       | 7/1/2022                    |
| Children's services         | Early Intervention           | 059                   | MMA001                 | General Medicaid          | Parental visit, home visit for newborn care and assessment  | 99502          |       |       |       |       | 59.95        | 1/1/2023       | 4/1/2009                    |



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|------------------------|---------------------------|-----------------------|------------------------|---------------------------|---|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Children's services    | Early Intervention        | 059                   | MMA001                 | General Medicaid          | Parental visit, home visit for newborn care and assessment  | 99502          | AJ    |       |       |       | 67.85        | 1/1/2023       | 4/1/2009                    |
| Children's services    | Early Intervention        | 059                   | MMA001                 | General Medicaid          | Parental visit, home visit for newborn care and assessment  | 99502          | TD    |       |       |       | 85.86        | 1/1/2023       | 4/1/2009                    |
| Children's services    | Early Intervention        | 059                   | MMA001                 | General Medicaid          | Prenatal Follow-up - Nurse Family Partnership   | 99600          |       |       |       |       | 64.53        | 1/1/2023       | 1/1/2023                    |
| Children's services    | Early Intervention        | 059                   | MMA001                 | General Medicaid          | Prenatal Follow-up - Healthy Families America   | 99600          | HD    |       |       |       | 64.53        | 1/1/2023       | 1/1/2023                    |
| Children's services    | Early Intervention        | 059                   | MMA001                 | General Medicaid          | Prenatal Follow-up - Parents as Teachers  | 99600          | U3    |       |       |       | 46.88        | 5/1/2023       | 5/1/2023                    |
| Children's services    | Early Intervention        | 059                   | MMA001                 | General Medicaid          | Postnatal Follow-up - Parents as Teachers   | 99600          | U3    | U4    |       |       | 46.88        | 5/1/2023       | 5/1/2023                    |
| Children's services    | Early Intervention        | 059                   | MMA001                 | General Medicaid          | Postnatal Follow-up - Nurse Family Partnership  | 99600          | U4    |       |       |       | 64.53        | 5/1/2023       | 5/1/2023                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Mental health services, not otherwise specified   | H0046          |       |       |       |       | 68.79        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Mental health services, not otherwise specified   | H0046          |       |       |       |       | 68.79        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MMA001                 | General Medicaid          | Pre-Natal Intake - at-risk assessment - Nurse Family Partnership  | H1000          |       |       |       |       | 396.92       | 1/1/2023       | 1/1/2023                    |
| Children's services    | Early Intervention        | 059                   | MMA001                 | General Medicaid          | Pre-Natal Intake - at-risk assessment - Healthy Families America  | H1000          | HD    |       |       |       | 46.88        | 1/1/2023       | 1/1/2023                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Comprehensive multidisciplinary evaluation  | H2000          |       |       |       |       | 1064.36      | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Comprehensive multidisciplinary evaluation  | H2000          |       |       |       |       | 1064.36      | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Patient education, not otherwise classified, non-physician provider, group, per session                       | S9446          |       |       |       |       | 21.72        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Patient education, not otherwise classified, non-physician provider, group, per session                       | S9446          |       |       |       |       | 21.72        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Patient education, not otherwise classified, non-physician provider, group, per session                       | S9446          | GO    |       |       |       | 21.72        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Patient education, not otherwise classified, non-physician provider, group, per session                       | S9446          | TF    |       |       |       | 21.72        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Patient education, not otherwise classified, non-physician provider, group, per session                       | S9446          | TF    |       |       |       | 21.72        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Patient education, not otherwise classified, non-physician provider, group, per session                       | S9446          | TG    |       |       |       | 27.83        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Patient education, not otherwise classified, non-physician provider, group, per session                       | S9446          | TG    |       |       |       | 27.83        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Sign language or oral interpreter services  | T1013          |       |       |       |       | 25.59        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Sign language or oral interpreter services  | T1013          |       |       |       |       | 25.59        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Sign language or oral interpreter services  | T1013          | TL    |       |       |       | 25.59        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Sign language or oral interpreter services  | T1013          | TL    |       |       |       | 25.59        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Case management, each 15 minutes  | T1016          |       |       |       |       | 25.35        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Case management, each 15 minutes  | T1016          |       |       |       |       | 25.35        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Case management, each 15 minutes  | T1016          | TF    |       |       |       | 50.69        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Case management, each 15 minutes  | T1016          | TF    |       |       |       | 50.69        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Case management, each 15 minutes  | T1016          | TG    |       |       |       | 76.04        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Case management, each 15 minutes  | T1016          | TG    |       |       |       | 76.04        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Screening to determine the appropriateness of consideration of an individual for participation in a specified | T1023          |       |       |       |       | 228.11       | 7/1/2022       | 7/1/2022                    |

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|------------------------|---------------------------|-----------------------|------------------------|---------------------------|---|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Screening to determine the appropriateness of consideration of an individual for participation in a specified | T1023          |       |       |       |       | 228.11       | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Screening to determine the appropriateness of consideration of an individual for participation in a specified | T1023          | TL    |       |       |       | 50.69        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Screening to determine the appropriateness of consideration of an individual for participation in a specified | T1023          | TL    |       |       |       | 50.69        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Team evaluation & management per encounter  | T1024          |       |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Team evaluation & management per encounter  | T1024          |       |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Team evaluation & management per encounter  | T1024          | AE    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Team evaluation & management per encounter  | T1024          | AE    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Team evaluation & management per encounter  | T1024          | AJ    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Team evaluation & management per encounter  | T1024          | GN    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Team evaluation & management per encounter  | T1024          | GN    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Team evaluation & management per encounter  | T1024          | GO    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Team evaluation & management per encounter  | T1024          | GO    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Team evaluation & management per encounter  | T1024          | GP    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Team evaluation & management per encounter  | T1024          | GP    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Team evaluation & management per encounter  | T1024          | HN    |       |       |       | 29.70        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Team evaluation & management per encounter  | T1024          | HN    |       |       |       | 29.70        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Team evaluation & management per encounter  | T1024          | TD    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Team evaluation & management per encounter  | T1024          | TD    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Team evaluation & management per encounter  | T1024          | TG    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Team evaluation & management per encounter  | T1024          | TG    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Team evaluation & management per encounter  | T1024          | TG    | HO    |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Team evaluation & management per encounter  | T1024          | TL    | HO    |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Team evaluation & management per encounter  | T1024          | TL    | HO    |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Family training and counseling for child development, per 15 minutes  | T1027          |       |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Family training and counseling for child development, per 15 minutes  | T1027          |       |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Family training and counseling for child development, per 15 minutes  | T1027          | AE    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Family training and counseling for child development, per 15 minutes  | T1027          | AE    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Family training and counseling for child development, per 15 minutes  | T1027          | AJ    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Family training and counseling for child development, per 15 minutes  | T1027          | AJ    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI010                 | Early Intervention MA     | Family training and counseling for child development, per 15 minutes  | T1027          | GN    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention        | 059                   | MEI015                 | Early Intervention Non-MA | Family training and counseling for child development, per 15 minutes  | T1027          | GN    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |



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| Major Service Category | Detailed Service Category              | Billing Provider Code | Program Indicator Code | Program Description           | Procedure Code Description   | Procedure Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Current Rate | Effective Date | Effective Date (excl. ARPA) |
|------------------------|--|-----------------------|------------------------|-------------------------------|--|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Children's services    | Early Intervention                     | 059                   | MEI010                 | Early Intervention MA         | Family training and counseling for child development, per 15 minutes             | T1027          | GO    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention                     | 059                   | MEI015                 | Early Intervention Non-MA     | Family training and counseling for child development, per 15 minutes             | T1027          | GO    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention                     | 059                   | MEI010                 | Early Intervention MA         | Family training and counseling for child development, per 15 minutes             | T1027          | GP    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention                     | 059                   | MEI015                 | Early Intervention Non-MA     | Family training and counseling for child development, per 15 minutes             | T1027          | GP    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention                     | 059                   | MEI010                 | Early Intervention MA         | Family training and counseling for child development, per 15 minutes             | T1027          | HN    |       |       |       | 29.70        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention                     | 059                   | MEI015                 | Early Intervention Non-MA     | Family training and counseling for child development, per 15 minutes             | T1027          | HN    |       |       |       | 29.70        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention                     | 059                   | MEI010                 | Early Intervention MA         | Family training and counseling for child development, per 15 minutes             | T1027          | TD    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention                     | 059                   | MEI015                 | Early Intervention Non-MA     | Family training and counseling for child development, per 15 minutes             | T1027          | TD    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention                     | 059                   | MEI015                 | Early Intervention Non-MA     | Family training and counseling for child development, per 15 minutes             | T1027          | TG    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention                     | 059                   | MEI010                 | Early Intervention MA         | Family training and counseling for child development, per 15 minutes             | T1027          | TG    |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention                     | 059                   | MEI015                 | Early Intervention Non-MA     | Family training and counseling for child development, per 15 minutes             | T1027          | TG    | HO    |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention                     | 059                   | MEI010                 | Early Intervention MA         | Non-emergency transport; commercial carrier, multi-pass                          | T2004          |       |       |       |       | 14.49        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention                     | 059                   | MEI015                 | Early Intervention Non-MA     | Individual vision therapy  | V2799          |       |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Early Intervention                     | 059                   | MEI010                 | Early Intervention MA         | Individual vision therapy  | V2799          |       |       |       |       | 43.44        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MMA001                 | General Medicaid              | Psychiatric diagnostic evaluation without medical services                       | 90791          |       |       |       |       | 110.00       | 1/1/2013       | 1/1/2013                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MMA001                 | General Medicaid              | Psychotherapy, 45 minutes with patient and/or family member                      | 90834          |       |       |       |       | 80.00        | 1/1/2013       | 1/1/2013                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MMA001                 | General Medicaid              | Psychotherapy, 60 minutes with patient and/or family member                      | 90837          |       |       |       |       | 80.00        | 1/1/2013       | 1/1/2013                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MMA001                 | General Medicaid              | Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes | 90847          |       |       |       |       | 80.00        | 10/1/2012      | 10/1/2012                   |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MMA001                 | General Medicaid              | Group psychotherapy (other than of a multiple-family group)                      | 90853          |       |       |       |       | 14.40        | 4/1/1993       | 4/1/1993                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE030                 | Cedar Direct- Kids Connect    | Therapeutic procedure(s), group (2 or more individuals)                          | 97150          |       |       |       |       | 8.00         | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE030                 | Cedar Direct- Kids Connect    | Therapeutic procedure(s), group (2 or more individuals)                          | 97150          | HA    |       |       |       | 16.00        | 7/1/2023       | 7/1/2023                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS | Mental health services, not otherwise specified                                  | H0046          |       |       |       |       | 36.00        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS | Mental health services, not otherwise specified                                  | H0046          | HN    |       |       |       | 15.68        | 1/1/2016       | 1/1/2016                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS | Mental health services, not otherwise specified                                  | H0046          | HO    |       |       |       | 55.00        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS | Mental health services, not otherwise specified                                  | H0046          | HO    | U1    |       |       | 27.50        | 7/1/2022       | 7/1/2022                    |

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| Major Service Category | Detailed Service Category              | Billing Provider Code | Program Indicator Code | Program Description           | Procedure Code Description  | Procedure Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Current Rate | Effective Date | Effective Date (excl. ARPA) |
|------------------------|--|-----------------------|------------------------|-------------------------------|---|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS | Mental health services, not otherwise specified   | H0046          | HO    | XP    |       |       | 55.00        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS | Mental health services, not otherwise specified   | H0046          | HP    |       |       |       | 65.00        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS | Mental health services, not otherwise specified   | H0046          | HP    | U1    |       |       | 32.50        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS | Mental health services, not otherwise specified   | H0046          | U1    |       |       |       | 18.00        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE030                 | Cedar Direct- Kids Connect    | Comprehensive multidisciplinary evaluation  | H2000          |       |       |       |       | 330.00       | 7/1/2023       | 7/1/2023                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS | Skills training and development, per 15 minutes   | H2014          |       |       |       |       | 27.50        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS | Skills training and development, per 15 minutes   | H2014          | HO    |       |       |       | 27.50        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS | Skills training and development, per 15 minutes   | H2014          | HP    |       |       |       | 32.50        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS | Comprehensive community support services, per diem                                      | H2016          |       |       |       |       | 4.95         | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE030                 | Cedar Direct- Kids Connect    | Community-based wrap-around services, per 15 minutes                                    | H2021          |       |       |       |       | 40.00        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS | Patient education, not otherwise classified, non-physician provider, group, per session | S9446          |       |       |       |       | 20.00        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MRP019                 | ICF/MR Respite Waiver         | Respite services 15 minutes   | T1005          |       |       |       |       | 9.00         | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MRP020                 | Hospital/SNF Respite Waiver   | Respite services 15 minutes   | T1005          |       |       |       |       | 9.00         | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MRP021                 | Psych Hospital Respite Waiver | Respite services 15 minutes   | T1005          |       |       |       |       | 9.00         | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MRP019                 | ICF/MR Respite Waiver         | Respite services 15 minutes   | T1005          | UN    |       |       |       | 2.30         | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MRP019                 | ICF/MR Respite Waiver         | Respite services 15 minutes   | T1005          | UP    |       |       |       | 2.30         | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS | Sign language or oral interpreter services  | T1013          |       |       |       |       | 25.00        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS | Sign language or oral interpreter services  | T1013          | U1    |       |       |       | 25.00        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS | Case management, each 15 minutes  | T1016          |       |       |       |       | 16.00        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS | Case management, each 15 minutes  | T1016          | U1    |       |       |       | 13.50        | 7/1/2022       | 7/1/2022                    |

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|------------------------|--|-----------------------|------------------------|--------------------------------|---|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS  | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | T1019          |       |       |       |       | 11.25        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS  | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | T1019          | TF    |       |       |       | 11.25        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS  | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | T1019          | TG    |       |       |       | 11.25        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS  | Screening to determine the appropriateness of consideration of an individual for participation in a specified   | T1023          | U1    |       |       |       | 330.00       | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS  | Team evaluation & management per encounter  | T1024          |       |       |       |       | 31.00        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS  | Team evaluation & management per encounter  | T1024          | U1    |       |       |       | 15.50        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS  | Team evaluation & management per encounter  | T1024          | XP    |       |       |       | 31.00        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MCE025                 | Cedar Direct For HBTS And PAS  | Family training and counseling for child development, per 15 minutes  | T1027          |       |       |       |       | 27.50        | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MRP019                 | ICF/MR Respite Waiver          | Service assesment/ plan of care development, waiver   | T2024          |       |       |       |       | 220.00       | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MRP020                 | Hospital/SNF Respite Waiver    | Service assesment/ plan of care development, waiver   | T2024          |       |       |       |       | 220.00       | 7/1/2022       | 7/1/2022                    |
| Children's services    | Home/Center-Based Therapeutic Services | 080                   | MRP021                 | Psych Hospital Respite Waiver  | Service assesment/ plan of care development, waiver   | T2024          |       |       |       |       | 220.00       | 7/1/2022       | 7/1/2022                    |
| HCBS                   | Adult Day Care                         | 050                   | MAD010                 | Adult Day Care                 | Day care services, adult, per diem  | S5102          |       |       |       |       | 29.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MCS010                 | LTSS HCBS Services             | Day care services, adult, per diem  | S5102          |       |       |       |       | 29.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MDE010                 | OHA Community Waiver Program   | Day care services, adult, per diem  | S5102          |       |       |       |       | 29.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MDE030                 | OHA At Home Cost Share         | Day care services, adult, per diem  | S5102          |       |       |       |       | 78.00        | 4/1/2022       | 8/2/2021                    |
| HCBS                   | Adult Day Care                         | 050                   | MDE040                 | OHA At Home Cost Share         | Day care services, adult, per diem  | S5102          |       |       |       |       | 78.00        | 4/1/2022       | 8/2/2021                    |
| HCBS                   | Adult Day Care                         | 050                   | MMA001                 | General Medicaid               | Day care services, adult, per diem  | S5102          |       |       |       |       | 29.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MPS020                 | Medicaid Preventive Services   | Day care services, adult, per diem  | S5102          |       |       |       |       | 29.00        | 4/1/2022       | 8/9/2020                    |
| HCBS                   | Adult Day Care                         | 050                   | MSL010                 | Shared Living                  | Day care services, adult, per diem  | S5102          |       |       |       |       | 29.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MDE050                 | OHA Assisted Living            | Day care services, adult, per diem  | S5102          |       |       |       |       | 52.98        | 7/1/2010       | 7/1/2010                    |
| HCBS                   | Adult Day Care                         | 050                   | MAD010                 | Adult Day Care                 | Day care services, adult, per diem  | S5102          | U1    |       |       |       | 39.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MCS010                 | LTSS HCBS Services             | Day care services, adult, per diem  | S5102          | U1    |       |       |       | 39.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MMA001                 | General Medicaid               | Day care services, adult, per diem  | S5102          | U1    |       |       |       | 39.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MPS020                 | Medicaid Preventive Services   | Day care services, adult, per diem  | S5102          | U1    |       |       |       | 39.00        | 4/1/2022       | 8/9/2020                    |
| HCBS                   | Adult Day Care                         | 050                   | MSD020                 | Personal Choice Program        | Day care services, adult, per diem  | S5102          | U1    |       |       |       | 39.00        | 4/1/2022       | 1/12/2021                   |
| HCBS                   | Adult Day Care                         | 050                   | MDE010                 | OHA Community Waiver Program   | Day care services, adult, per diem  | S5102          | U1    |       |       |       | 39.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MSL010                 | Shared Living                  | Day care services, adult, per diem  | S5102          | U1    |       |       |       | 39.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MAD010                 | Adult Day Care                 | Day care services, adult, per diem  | S5102          | U1    | U2    |       |       | 78.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MCS010                 | LTSS HCBS Services             | Day care services, adult, per diem  | S5102          | U1    | U2    |       |       | 78.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MDE010                 | OHA Community Waiver Program   | Day care services, adult, per diem  | S5102          | U1    | U2    |       |       | 78.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MHB010                 | Habilitation Community Service | Day care services, adult, per diem  | S5102          | U1    | U2    |       |       | 78.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MMA001                 | General Medicaid               | Day care services, adult, per diem  | S5102          | U1    | U2    |       |       | 78.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MPS020                 | Medicaid Preventive Services   | Day care services, adult, per diem  | S5102          | U1    | U2    |       |       | 78.00        | 4/1/2022       | 8/9/2020                    |
| HCBS                   | Adult Day Care                         | 050                   | MSD020                 | Personal Choice Program        | Day care services, adult, per diem  | S5102          | U1    | U2    |       |       | 78.00        | 4/1/2022       | 1/12/2021                   |
| HCBS                   | Adult Day Care                         | 050                   | MSL010                 | Shared Living                  | Day care services, adult, per diem  | S5102          | U1    | U2    |       |       | 78.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MAD010                 | Adult Day Care                 | Day care services, adult, per diem  | S5102          | U2    |       |       |       | 58.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MCS010                 | LTSS HCBS Services             | Day care services, adult, per diem  | S5102          | U2    |       |       |       | 58.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MDE010                 | OHA Community Waiver Program   | Day care services, adult, per diem  | S5102          | U2    |       |       |       | 58.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MMA001                 | General Medicaid               | Day care services, adult, per diem  | S5102          | U2    |       |       |       | 58.00        | 4/1/2022       | 10/1/2018                   |
| HCBS                   | Adult Day Care                         | 050                   | MPS020                 | Medicaid Preventive Services   | Day care services, adult, per diem  | S5102          | U2    |       |       |       | 58.00        | 4/1/2022       | 8/9/2020                    |

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|---|---------------------------|-----------------------|------------------------|--------------------------------------|--|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Major Service Category  | Detailed Service Category | Billing Provider Code | Program Indicator Code | Program Description                  | Procedure Code Description   | Procedure Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Current Rate | Effective Date | Effective Date (excl. ARPA) |
| HCBS  | Adult Day Care            | 050                   | MSL010                 | Shared Living                        | Day care services, adult, per diem   | S5102          | U2    |       |       |       | 58.00        | 4/1/2022       | 10/1/2018                   |
| HCBS  | Adult Day Care            | 050                   | MSD020                 | Personal Choice Program              | Day care services, adult, per diem   | S5102          | U2    |       |       |       | 58.00        | 4/1/2022       | 1/12/2021                   |
| HCBS  | Adult Day Care            | 050                   | MCS010                 | LTSS HCBS Services                   | Case management, each 15 minutes   | T1016          |       |       |       |       | 15.00        | 4/1/2022       | 3/18/2020                   |
| HCBS  | Adult Day Care            | 050                   | MMA001                 | General Medicaid                     | Case management, each 15 minutes   | T1016          |       |       |       |       | 15.00        | 4/1/2022       | 3/18/2020                   |
| HCBS  | Assisted Living Facility  | 033                   | MDE050                 | OHA Assisted Living                  | Assisted living, waiver, per diem  | T2031          |       |       |       |       | 78.00        | 11/1/2021      | 11/1/2021                   |
| HCBS  | Assisted Living Facility  | 033                   | MWA070                 | Assisted Living                      | Assisted living, waiver, per diem  | T2031          |       |       |       |       | 78.00        | 11/1/2021      | 11/1/2021                   |
| HCBS  | Case Management           | 044                   | MMA001                 | General Medicaid                     | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history, a detailed examination, medical decision making of low complexity  | 99203          |       |       |       |       | 29.00        | 1/1/1996       | 1/1/1996                    |
| HCBS  | Case Management           | 044                   | MMA001                 | General Medicaid                     | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history, a comprehensive examination, medical decision making of moderate complexity   | 99204          |       |       |       |       | 45.00        | 1/1/1996       | 1/1/1996                    |
| HCBS  | Case Management           | 044                   | MMA001                 | General Medicaid                     | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, straightforward medical decision making                       | 99212          |       |       |       |       | 20.64        | 4/1/1993       | 4/1/1993                    |
| HCBS  | Case Management           | 044                   | MMA001                 | General Medicaid                     | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history, an expanded problem focused examination, medical decision making of low complexity | 99213          |       |       |       |       | 20.64        | 4/1/1993       | 4/1/1993                    |
| HCBS  | Case Management           | 044                   | MDE050                 | OHA Assisted Living                  | Case management, each 15 minutes   | T1016          |       |       |       |       | 15.00        | 7/1/2009       | 7/1/2009                    |
| HCBS  | Case Management           | 044                   | MWA070                 | Assisted Living                      | Case management, each 15 minutes   | T1016          |       |       |       |       | 15.00        | 5/1/2006       | 5/1/2006                    |
| HCBS  | Case Management           | 044                   | MCS010                 | LTSS HCBS Services                   | Targeted case management, each 15 minutes  | T1017          |       |       |       |       | 15.00        | 7/1/2009       | 7/1/2009                    |
| HCBS  | Case Management           | 044                   | MDE010                 | OHA Community Waiver Program         | Targeted case management, each 15 minutes  | T1017          |       |       |       |       | 15.00        | 5/1/2006       | 5/1/2006                    |
| HCBS  | Case Management           | 044                   | MDE060                 | OHA Case Management (CNOM)           | Targeted case management, each 15 minutes  | T1017          |       |       |       |       | 15.00        | 7/1/2009       | 7/1/2009                    |
| HCBS  | Case Management           | 044                   | OOR010                 | Social Services For The Blind (CNOM) | Targeted case management, each 15 minutes  | T1017          |       |       |       |       | 14.00        | 1/16/2009      | 1/16/2009                   |
| HCBS  | Case Management           | 044                   | MLP010                 | Lead Poisoning Case Management       | Comprehensive environmental lead investigation, not including laboratory   | T1029          |       |       |       |       | 775.00       | 5/1/2006       | 5/1/2006                    |
| HCBS  | Case Management           | 044                   | MMA001                 | General Medicaid                     | Frames, purchases  | V2020          |       |       |       |       | 12.00        | 6/1/2012       | 6/1/2012                    |
| HCBS  | Case Management           | 044                   | MMA001                 | General Medicaid                     | Sphere, single vision, plano to plus or minus 4.00, per lens   | V2100          | RT    | LT    |       |       | 28.79        | 6/1/2012       | 6/1/2012                    |
| HCBS  | Case Management           | 044                   | MDC110                 | Child Advocacy                       | Case management-child advocacy non-medical per 1/4 hour  | X0150          |       |       |       |       | 16.00        | 9/1/1994       | 9/1/1994                    |
| HCBS  | Case Management           | 044                   | MHV010                 | HIV Case Management                  | Non-medical case management - HIV, per 1/4 hour unit   | X0377          |       |       |       |       | 15.00        | 1/1/1995       | 1/1/1995                    |
| HCBS  | Case Management           | 044                   | MMA001                 | General Medicaid                     | Non-medical case management - services for blind & visually impaired (SBVI)  | X0620          |       |       |       |       | 14.00        | 1/1/1994       | 1/1/1994                    |
| HCBS  | Day Habilitation          | 055                   | MHB010                 | Habilitation Community Service       | Day habilitation, waiver, per 15 minutes   | T2021          |       |       |       |       | 5.32         | 4/1/2022       | 7/1/2009                    |
| HCBS  | Home Care                 | 072                   | MCS010                 | LTSS HCBS Services                   | Attendant care services, per 15 minutes  | S5125          |       |       |       |       | 6.79         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MDE010                 | OHA Community Waiver Program         | Attendant care services, per 15 minutes  | S5125          |       |       |       |       | 6.79         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MDE040                 | OHA At Home Cost Share               | Attendant care services, per 15 minutes  | S5125          |       |       |       |       | 6.79         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MPS020                 | Medicaid Preventive Services         | Attendant care services, per 15 minutes  | S5125          |       |       |       |       | 6.79         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MDE030                 | OHA At Home Cost Share               | Attendant care services, per 15 minutes  | S5125          |       |       |       |       | 6.79         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MCC010                 | Severely Disabled Home Care Services | Attendant care services, per 15 minutes  | S5125          |       |       |       |       | 6.79         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MCS010                 | LTSS HCBS Services                   | Attendant care services, per 15 minutes  | S5125          | U1    |       |       |       | 6.56         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MDE010                 | OHA Community Waiver Program         | Attendant care services, per 15 minutes  | S5125          | U1    |       |       |       | 6.56         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MDE030                 | OHA At Home Cost Share               | Attendant care services, per 15 minutes  | S5125          | U1    |       |       |       | 6.56         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MDE040                 | OHA At Home Cost Share               | Attendant care services, per 15 minutes  | S5125          | U1    |       |       |       | 6.56         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MPS020                 | Medicaid Preventive Services         | Attendant care services, per 15 minutes  | S5125          | U1    |       |       |       | 6.56         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MHB010                 | Habilitation Community Service       | Attendant care services, per 15 minutes  | S5125          | U1    |       |       |       | 6.56         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MCS010                 | LTSS HCBS Services                   | Homemaker service, nos; per 15 minutes   | S5130          |       |       |       |       | 6.35         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MDE010                 | OHA Community Waiver Program         | Homemaker service, nos; per 15 minutes   | S5130          |       |       |       |       | 6.35         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MPS020                 | Medicaid Preventive Services         | Homemaker service, nos; per 15 minutes   | S5130          |       |       |       |       | 6.35         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MCS010                 | LTSS HCBS Services                   | Homemaker service, nos; per 15 minutes   | S5130          | TE    |       |       |       | 14.35        | 7/1/2022       | 7/1/2022                    |
| HCBS  | Home Care                 | 072                   | MCC010                 | Severely Disabled Home Care Services | Private duty/ independent nursing service(s)- licensed, up to 15 minutes   | T1000          |       |       |       |       | 14.68        | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MCC010                 | Severely Disabled Home Care Services | Private duty/ independent nursing service(s)- licensed, up to 15 minutes   | T1000          | TV    |       |       |       | 14.68        | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MCC010                 | Severely Disabled Home Care Services | Private duty/ independent nursing service(s)- licensed, up to 15 minutes   | T1000          | UH    |       |       |       | 14.68        | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MCC010                 | Severely Disabled Home Care Services | Private duty/ independent nursing service(s)- licensed, up to 15 minutes   | T1000          | UJ    |       |       |       | 14.68        | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MCC010                 | Severely Disabled Home Care Services | Nursing assessment/evaluation  | T1001          |       |       |       |       | 106.21       | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MCS010                 | LTSS HCBS Services                   | Nursing assessment/evaluation  | T1001          |       |       |       |       | 106.21       | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MDE010                 | OHA Community Waiver Program         | Nursing assessment/evaluation  | T1001          |       |       |       |       | 106.21       | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MHB010                 | Habilitation Community Service       | Nursing assessment/evaluation  | T1001          |       |       |       |       | 106.21       | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Care                 | 072                   | MPS020                 | Medicaid Preventive Services         | Nursing assessment/evaluation  | T1001          |       |       |       |       | 106.21       | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Health               | 010                   | MMA001                 | General Medicaid                     | Parental visit, home visit for newborn care and assessment   | 99502          |       |       |       |       | 59.95        | 1/1/2023       | 4/1/2009                    |
| HCBS  | Home Health               | 010                   | MMA001                 | General Medicaid                     | Parental visit, home visit for newborn care and assessment   | 99502          | AJ    |       |       |       | 67.85        | 1/1/2023       | 4/1/2009                    |
| HCBS  | Home Health               | 010                   | MMA001                 | General Medicaid                     | Parental visit, home visit for newborn care and assessment   | 99502          | TD    |       |       |       | 85.86        | 1/1/2023       | 4/1/2009                    |
| HCBS  | Home Health               | 010                   | MMA001                 | General Medicaid                     | Admin influenza virus vac  | G0008          |       |       |       |       | 8.16         | 10/1/2003      | 10/1/2003                   |

| State of Rhode Island<br>Office of the Health Insurance Commissioner<br>Appendix 1<br>Medicaid Fee Schedule for Selected Provider Types |                                     |                       |                        |                                |   |                |       |       |       |       |              |                |                             |
|---|-------------------------------------|-----------------------|------------------------|--------------------------------|---|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Major Service Category  | Detailed Service Category           | Billing Provider Code | Program Indicator Code | Program Description            | Procedure Code Description  | Procedure Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Current Rate | Effective Date | Effective Date (excl. ARPA) |
| HCBS  | Home Health                         | 010                   | MMA001                 | General Medicaid               | Services of home health/hospice aide in home health or hospice setting, each 15 minutes   | G0156          |       |       |       |       | 7.71         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Health                         | 010                   | MMA001                 | General Medicaid               | Home health nursing and therapy visits  | X0043          |       |       |       |       | 117.16       | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MCS010                 | LTSS HCBS Services             | Home-delivered meals, including preparation; per meal   | S5170          |       |       |       |       | 12.96        | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MDE010                 | OHA Community Waiver Program   | Home-delivered meals, including preparation; per meal   | S5170          |       |       |       |       | 12.96        | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MSD020                 | Personal Choice Program        | Home-delivered meals, including preparation; per meal   | S5170          |       |       |       |       | 12.96        | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MCS010                 | LTSS HCBS Services             | Home-delivered meals, including preparation; per meal   | S5170          | U1    |       |       |       | 12.96        | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MDE010                 | OHA Community Waiver Program   | Home-delivered meals, including preparation; per meal   | S5170          | U1    |       |       |       | 12.96        | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MCS010                 | LTSS HCBS Services             | Home-delivered meals, including preparation; per meal   | S5170          | U2    |       |       |       | 7.02         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MDE010                 | OHA Community Waiver Program   | Home-delivered meals, including preparation; per meal   | S5170          | U2    |       |       |       | 7.02         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MSD020                 | Personal Choice Program        | Home-delivered meals, including preparation; per meal   | S5170          | U2    |       |       |       | 7.02         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MCS010                 | LTSS HCBS Services             | Home-delivered meals, including preparation; per meal   | S5170          | U3    |       |       |       | 7.02         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MDE010                 | OHA Community Waiver Program   | Home-delivered meals, including preparation; per meal   | S5170          | U3    |       |       |       | 7.02         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MHB010                 | Habilitation Community Service | Home-delivered meals, including preparation; per meal   | S5170          | U3    |       |       |       | 7.02         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MSD020                 | Personal Choice Program        | Home-delivered meals, including preparation; per meal   | S5170          | U3    |       |       |       | 7.02         | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MCS010                 | LTSS HCBS Services             | Home-delivered meals, including preparation; per meal   | S5170          | U4    |       |       |       | 15.17        | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MDE010                 | OHA Community Waiver Program   | Home-delivered meals, including preparation; per meal   | S5170          | U4    |       |       |       | 15.17        | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MHB010                 | Habilitation Community Service | Home-delivered meals, including preparation; per meal   | S5170          | U4    |       |       |       | 15.17        | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MSD020                 | Personal Choice Program        | Home-delivered meals, including preparation; per meal   | S5170          | U4    |       |       |       | 15.17        | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MCS010                 | LTSS HCBS Services             | Home-delivered meals, including preparation; per meal   | S5170          | U5    |       |       |       | 13.14        | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MDE010                 | OHA Community Waiver Program   | Home-delivered meals, including preparation; per meal   | S5170          | U5    |       |       |       | 13.14        | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MHB010                 | Habilitation Community Service | Home-delivered meals, including preparation; per meal   | S5170          | U5    |       |       |       | 13.14        | 7/1/2023       | 7/1/2023                    |
| HCBS  | Home Meal Delivery                  | 077                   | MSD020                 | Personal Choice Program        | Home-delivered meals, including preparation; per meal   | S5170          | U5    |       |       |       | 13.14        | 7/1/2023       | 7/1/2023                    |
| HCBS  | Hospice                             | 027                   | MMA001                 | General Medicaid               | HHCP-svs of csw,ea 15 min   | G0155          |       |       |       |       | 16.03        | 7/1/2023       | 7/1/2023                    |
| HCBS  | Hospice                             | 027                   | MMA001                 | General Medicaid               | Hhs/hospice of m ea 15 min  | G0299          |       |       |       |       | 16.03        | 7/1/2023       | 7/1/2023                    |
| HCBS  | Hospice                             | 027                   | MMA001                 | General Medicaid               | Hospice routine home care   | T2042          |       |       |       |       | 258.97       | 7/1/2023       | 7/1/2023                    |
| HCBS  | Hospice                             | 027                   | MMA001                 | General Medicaid               | Hospice respite care  | T2044          |       |       |       |       | 530.82       | 7/1/2023       | 7/1/2023                    |
| HCBS  | Hospice                             | 027                   | MMA001                 | General Medicaid               | Hospice general care  | T2045          |       |       |       |       | 1137.87      | 7/1/2023       | 7/1/2023                    |
| HCBS  | Independent Provider                | 116                   | MIP010                 | Independent Provider Program   | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | T1019          |       |       |       |       | 4.24         | 7/1/2022       | 7/1/2022                    |
| HCBS  | Independent Provider                | 116                   | MIP010                 | Independent Provider Program   | Waiver services; not otherwise specified  | T2025          |       |       |       |       | 170.00       | 4/1/2022       | 10/1/2019                   |
| HCBS  | Personal Choice/Hab Case Management | 069                   | MHB010                 | Habilitation Community Service | Case management, each 15 minutes  | T1016          |       |       |       |       | 15.00        | 4/1/2022       | 1/1/2019                    |
| HCBS  | Personal Choice/Hab Case Management | 069                   | MHB010                 | Habilitation Community Service | Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs   | T1028          |       |       |       |       | 60.00        | 7/1/2009       | 7/1/2009                    |
| HCBS  | Personal Choice/Hab Case Management | 069                   | MIP010                 | Independent Provider Program   | Case management, per month  | T2022          |       |       |       |       | 125.00       | 10/1/2019      | 10/1/2019                   |

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

| Major Service Category | Detailed Service Category  | Billing Provider Code | Program Indicator Code | Program Description                  | Procedure Code Description  | Procedure Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Current Rate | Effective Date | Effective Date (excl. ARPA) |
|------------------------|--|-----------------------|------------------------|--------------------------------------|---|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| HCBS                   | Personal Choice/Hab Case Management                                  | 069                   | MSD020                 | Personal Choice Program              | Case management, per month  | T2022          |       |       |       |       | 125.00       | 1/12/2021      | 1/12/2021                   |
| HCBS                   | Personal Choice/Hab Case Management Self-Directed Community Services | 069                   | MSD020                 | Personal Choice Program              | Case management, per month  | T2022          | U2    |       |       |       | 175.00       | 1/12/2021      | 1/12/2021                   |
| HCBS                   | Severely Disabled Nursing Homecare                                   | 071                   | MSD020                 | Personal Choice Program              | Waiver services; not otherwise specified  | T2025          |       |       |       |       | 125.00       | 4/1/2022       | 1/12/2021                   |
| HCBS                   | Severely Disabled Nursing Homecare                                   | 065                   | MCC010                 | Severely Disabled Home Care Services | Attendant care services; per 15 minutes   | S5125          |       |       |       |       | 6.79         | 7/1/2023       | 7/1/2023                    |
| HCBS                   | Severely Disabled Nursing Homecare                                   | 065                   | MCC010                 | Severely Disabled Home Care Services | Private duty/ independent nursing service(s)- licensed, up to 15 minutes                                      | T1000          |       |       |       |       | 14.68        | 7/1/2023       | 7/1/2023                    |
| HCBS                   | Severely Disabled Nursing Homecare                                   | 065                   | MCC010                 | Severely Disabled Home Care Services | Private duty/ independent nursing service(s)- licensed, up to 15 minutes                                      | T1000          | TE    |       |       |       | 11.88        | 7/1/2023       | 7/1/2023                    |
| HCBS                   | Severely Disabled Nursing Homecare                                   | 065                   | MCC010                 | Severely Disabled Home Care Services | Private duty/ independent nursing service(s)- licensed, up to 15 minutes                                      | T1000          | TU    |       |       |       | 14.68        | 7/7/2023       | 7/7/2023                    |
| HCBS                   | Severely Disabled Nursing Homecare                                   | 065                   | MCC010                 | Severely Disabled Home Care Services | Private duty/ independent nursing service(s)- licensed, up to 15 minutes                                      | T1000          | TU    | TE    |       |       | 11.88        | 7/1/2023       | 7/1/2023                    |
| HCBS                   | Severely Disabled Nursing Homecare                                   | 065                   | MCC010                 | Severely Disabled Home Care Services | Private duty/ independent nursing service(s)- licensed, up to 15 minutes                                      | T1000          | TV    |       |       |       | 14.68        | 7/1/2023       | 7/1/2023                    |
| HCBS                   | Severely Disabled Nursing Homecare                                   | 065                   | MCC010                 | Severely Disabled Home Care Services | Private duty/ independent nursing service(s)- licensed, up to 15 minutes                                      | T1000          | TV    | TE    |       |       | 11.88        | 7/1/2023       | 7/1/2023                    |
| HCBS                   | Severely Disabled Nursing Homecare                                   | 065                   | MCC010                 | Severely Disabled Home Care Services | Private duty/ independent nursing service(s)- licensed, up to 15 minutes                                      | T1000          | UH    |       |       |       | 14.68        | 7/1/2023       | 7/1/2023                    |
| HCBS                   | Severely Disabled Nursing Homecare                                   | 065                   | MCC010                 | Severely Disabled Home Care Services | Private duty/ independent nursing service(s)- licensed, up to 15 minutes                                      | T1000          | UH    | TE    |       |       | 11.88        | 7/1/2023       | 7/1/2023                    |
| HCBS                   | Severely Disabled Nursing Homecare                                   | 065                   | MCC010                 | Severely Disabled Home Care Services | Private duty/ independent nursing service(s)- licensed, up to 15 minutes                                      | T1000          | UJ    |       |       |       | 14.68        | 7/1/2023       | 7/1/2023                    |
| HCBS                   | Severely Disabled Nursing Homecare                                   | 065                   | MCC010                 | Severely Disabled Home Care Services | Private duty/ independent nursing service(s)- licensed, up to 15 minutes                                      | T1000          | UJ    | TE    |       |       | 11.88        | 7/1/2023       | 7/1/2023                    |
| HCBS                   | Severely Disabled Nursing Homecare Shared Living Agency              | 065                   | MCC010                 | Severely Disabled Home Care Services | Private duty/ independent nursing service(s)- licensed, up to 15 minutes                                      | T1001          |       |       |       |       | 106.21       | 7/1/2023       | 7/1/2023                    |
| HCBS                   | Shared Living Agency   | 051                   | MSL010                 | Shared Living                        | Companion care, adult (e.g. IADL/ADL); per diem   | S5136          |       |       |       |       | 35.53        | 7/1/2021       | 7/1/2021                    |
| HCBS                   | Shared Living Agency   | 051                   | MSL010                 | Shared Living                        | Companion care, adult (e.g. IADL/ADL); per diem   | S5136          | TG    |       |       |       | 44.98        | 7/1/2021       | 7/1/2021                    |
| HCBS                   | Shared Living Agency   | 051                   | MSL010                 | Shared Living                        | Companion care, adult (e.g. IADL/ADL); per diem   | S5136          | TG    | U1    |       |       | 52.92        | 7/1/2021       | 7/1/2021                    |
| HCBS                   | Shared Living Agency   | 051                   | MSL010                 | Shared Living                        | Companion care, adult (e.g. IADL/ADL); per diem   | S5136          | TG    | U1    | UN    |       | 39.70        | 7/1/2021       | 7/1/2021                    |
| HCBS                   | Shared Living Agency   | 051                   | MSL010                 | Shared Living                        | Companion care, adult (e.g. IADL/ADL); per diem   | S5136          | TG    | UN    |       |       | 33.74        | 7/1/2021       | 7/1/2021                    |
| HCBS                   | Shared Living Agency   | 051                   | MSL010                 | Shared Living                        | Companion care, adult (e.g. IADL/ADL); per diem   | S5136          | U1    |       |       |       | 41.80        | 7/1/2021       | 7/1/2021                    |
| HCBS                   | Shared Living Agency   | 051                   | MSL010                 | Shared Living                        | Companion care, adult (e.g. IADL/ADL); per diem   | S5136          | U1    | UN    |       |       | 31.35        | 7/1/2021       | 7/1/2021                    |
| HCBS                   | Shared Living Agency   | 051                   | MSL010                 | Shared Living                        | Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs | T1028          |       |       |       |       | 300.00       | 3/1/2010       | 3/1/2010                    |
| HCBS                   | Shared Living Agency   | 051                   | MSL010                 | Shared Living                        | Waiver services; not otherwise specified  | T2025          |       |       |       |       | 26.03        | 3/1/2010       | 3/1/2010                    |
| HCBS                   | Shared Living Agency   | 051                   | MSL010                 | Shared Living                        | Waiver services; not otherwise specified  | T2025          | U1    |       |       |       | 26.99        | 1/1/2015       | 1/1/2015                    |
| HCBS                   | Waiver Case Manager - Other  | 057                   | MHB020                 | Habilitation Group Home Services     | Case management, each 15 minutes  | T1016          |       |       |       |       | 15.00        | 1/1/2019       | 1/1/2019                    |
| HCBS                   | Waiver Case Manager - Other  | 057                   | MHB020                 | Habilitation Group Home Services     | Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs | T1028          |       |       |       |       | 60.00        | 7/1/2009       | 7/1/2009                    |
| HCBS                   | Waiver Case Manager - Other  | 057                   | MMA001                 | General Medicaid                     | Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs | T1028          |       |       |       |       | 60.00        | 7/1/2017       | 7/1/2017                    |
| HCBS                   | Waiver Case Manager - Other  | 057                   | MDE010                 | OHA Community Waiver Program         | Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs | T1028          |       |       |       |       | 60.00        | 7/1/2009       | 7/1/2009                    |



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| Major Service Category                             | Detailed Service Category   | Billing Provider Code | Program Indicator Code | Program Description         | Procedure Code Description  | Procedure Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Current Rate | Effective Date | Effective Date (excl. ARPA) |
|--|-----------------------------|-----------------------|------------------------|-----------------------------|---|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| HCBS   | Waiver Case Manager - Other | 057                   | MCS010                 | LTSS HCBS Services          | Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs | T1028          |       |       |       |       | 60.00        | 7/1/2009       | 7/1/2009                    |
| HCBS   | Waiver Case Manager - Other | 057                   | MSL010                 | Shared Living               | Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs | T1028          |       |       |       |       | 300.00       | 3/1/2010       | 3/1/2010                    |
| Intellectual and Developmental Disability Services | BHDDH - Case Management     | 088                   | MBD061                 | BHDDH Transportation Waiver | Case management, per month  | T2022          | TG    |       |       |       | 226.92       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Case Management     | 088                   | MBD062                 | BHDDH Transportation ME     | Case management, per month  | T2022          | TG    |       |       |       | 226.92       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Case Management     | 088                   | MBD061                 | BHDDH Transportation Waiver | Case management, per month  | T2022          | TG    | U2    |       |       | 197.88       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Case Management     | 088                   | MBD062                 | BHDDH Transportation ME     | Case management, per month  | T2022          | TG    | U2    |       |       | 197.88       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Case Management     | 088                   | BHD011                 | BHDDH DD CNOM Eligibility   | Case management, per month  | T2022          | U5    |       |       |       | 111.54       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Case Management     | 088                   | MBD061                 | BHDDH Transportation Waiver | Case management, per month  | T2022          | U5    |       |       |       | 111.54       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Case Management     | 088                   | MBD062                 | BHDDH Transportation ME     | Case management, per month  | T2022          | U5    |       |       |       | 111.54       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Case Management     | 088                   | MBD063                 | BHDDH Transportation State  | Case management, per month  | T2022          | U5    |       |       |       | 111.54       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Case Management     | 088                   | MBD061                 | BHDDH Transportation Waiver | Case management, per month  | T2022          | U5    | U2    |       |       | 49.20        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Case Management     | 088                   | MBD061                 | BHDDH Transportation Waiver | Case management, per month  | T2022          | U6    |       |       |       | 134.34       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Case Management     | 088                   | MBD062                 | BHDDH Transportation ME     | Case management, per month  | T2022          | U6    |       |       |       | 134.34       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Case Management     | 088                   | MBD063                 | BHDDH Transportation State  | Case management, per month  | T2022          | U6    |       |       |       | 134.34       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Case Management     | 088                   | MBD061                 | BHDDH Transportation Waiver | Case management, per month  | T2022          | U7    |       |       |       | 158.01       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Case Management     | 088                   | MBD062                 | BHDDH Transportation ME     | Case management, per month  | T2022          | U7    |       |       |       | 158.01       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Case Management     | 088                   | MBD063                 | BHDDH Transportation State  | Case management, per month  | T2022          | U7    |       |       |       | 158.01       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Case Management     | 088                   | MBD061                 | BHDDH Transportation Waiver | Case management, per month  | T2022          | U7    | U2    |       |       | 98.41        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Case Management     | 088                   | MBD061                 | BHDDH Transportation Waiver | Case management, per month  | T2022          | UA    |       |       |       | 226.92       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Case Management     | 088                   | MBD062                 | BHDDH Transportation ME     | Case management, per month  | T2022          | UA    |       |       |       | 226.92       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Case Management     | 088                   | MBD061                 | BHDDH Transportation Waiver | Case management, per month  | T2022          | UA    | U2    |       |       | 197.88       | 7/1/2022       | 7/1/2022                    |

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



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|--|---------------------------|-----------------------|------------------------|---------------------------|--|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | MBD012                 | BHDDH Community Support   | Day habilitation, waiver, per 15 minutes | T2021          | U5    | U1    |       |       | 2.01         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | MBD011                 | BHDDH Community Support   | Day habilitation, waiver, per 15 minutes | T2021          | U6    |       |       |       | 1.59         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | MBD012                 | BHDDH Community Support   | Day habilitation, waiver, per 15 minutes | T2021          | U6    |       |       |       | 1.59         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | MBD011                 | BHDDH Community Support   | Day habilitation, waiver, per 15 minutes | T2021          | U6    | U1    |       |       | 2.01         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | MBD012                 | BHDDH Community Support   | Day habilitation, waiver, per 15 minutes | T2021          | U6    | U1    |       |       | 2.01         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | MBD011                 | BHDDH Community Support   | Day habilitation, waiver, per 15 minutes | T2021          | U7    |       |       |       | 2.26         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | MBD012                 | BHDDH Community Support   | Day habilitation, waiver, per 15 minutes | T2021          | U7    |       |       |       | 2.26         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | MBD011                 | BHDDH Community Support   | Day habilitation, waiver, per 15 minutes | T2021          | U7    | U1    |       |       | 4.67         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | MBD012                 | BHDDH Community Support   | Day habilitation, waiver, per 15 minutes | T2021          | U7    | U1    |       |       | 4.67         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | MBD013                 | BHDDH Community Support   | Day habilitation, waiver, per 15 minutes | T2021          | U7    | U1    |       |       | 4.67         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | BHD011                 | BHDDH DD CNOM Eligibility | Day habilitation, waiver, per 15 minutes | T2021          | U8    |       |       |       | 13.13        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | MBD011                 | BHDDH Community Support   | Day habilitation, waiver, per 15 minutes | T2021          | U8    |       |       |       | 13.13        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | MBD012                 | BHDDH Community Support   | Day habilitation, waiver, per 15 minutes | T2021          | U8    |       |       |       | 13.13        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | MBD013                 | BHDDH Community Support   | Day habilitation, waiver, per 15 minutes | T2021          | U8    |       |       |       | 13.13        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | MBD011                 | BHDDH Community Support   | Day habilitation, waiver, per 15 minutes | T2021          | UA    |       |       |       | 3.45         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | MBD012                 | BHDDH Community Support   | Day habilitation, waiver, per 15 minutes | T2021          | UA    |       |       |       | 3.45         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | BHD011                 | BHDDH DD CNOM Eligibility | Day habilitation, waiver, per 15 minutes | T2021          | UA    | U1    |       |       | 9.56         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | MBD011                 | BHDDH Community Support   | Day habilitation, waiver, per 15 minutes | T2021          | UA    | U1    |       |       | 9.56         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | MBD012                 | BHDDH Community Support   | Day habilitation, waiver, per 15 minutes | T2021          | UA    | U1    |       |       | 9.56         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Day Program       | 088                   | MBD013                 | BHDDH Community Support   | Day habilitation, waiver, per 15 minutes | T2021          | UA    | U1    |       |       | 9.56         | 7/1/2022       | 7/1/2022                    |

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|--|---------------------------|-----------------------|------------------------|---------------------------|--|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | MBD011                 | BHDDH Community Support   | Habilitation, supported employment, waiver; per 15 minutes | T2019          |       |       |       |       | 9.69         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | MBD012                 | BHDDH Community Support   | Habilitation, supported employment, waiver; per 15 minutes | T2019          |       |       |       |       | 9.69         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | MBD013                 | BHDDH Community Support   | Habilitation, supported employment, waiver; per 15 minutes | T2019          |       |       |       |       | 9.69         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | MBD011                 | BHDDH Community Support   | Habilitation, supported employment, waiver; per 15 minutes | T2019          | UN    |       |       |       | 5.57         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | MBD013                 | BHDDH Community Support   | Habilitation, supported employment, waiver; per 15 minutes | T2019          | UN    |       |       |       | 5.57         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | MBD011                 | BHDDH Community Support   | Habilitation, supported employment, waiver; per 15 minutes | T2019          | UP    |       |       |       | 3.88         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | MBD013                 | BHDDH Community Support   | Habilitation, supported employment, waiver; per 15 minutes | T2019          | UP    |       |       |       | 3.88         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | MBD011                 | BHDDH Community Support   | Habilitation, supported employment, waiver; per 15 minutes | T2019          | UQ    |       |       |       | 3.03         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | MBD013                 | BHDDH Community Support   | Habilitation, supported employment, waiver; per 15 minutes | T2019          | UQ    |       |       |       | 3.03         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | MBD011                 | BHDDH Community Support   | Habilitation, supported employment, waiver; per 15 minutes | T2019          | UR    |       |       |       | 2.52         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | MBD011                 | BHDDH Community Support   | Habilitation, supported employment, waiver; per 15 minutes | T2019          | US    |       |       |       | 2.18         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | MBD011                 | BHDDH Community Support   | Targeted case management; per month                        | T2023          | TG    |       |       |       | 727.22       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | BHD011                 | BHDDH DD CNOM Eligibility | Targeted case management; per month                        | T2023          | U5    |       |       |       | 216.39       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | MBD011                 | BHDDH Community Support   | Targeted case management; per month                        | T2023          | U5    |       |       |       | 216.39       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | MBD012                 | BHDDH Community Support   | Targeted case management; per month                        | T2023          | U5    |       |       |       | 216.39       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | MBD013                 | BHDDH Community Support   | Targeted case management; per month                        | T2023          | U5    |       |       |       | 216.39       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | MBD011                 | BHDDH Community Support   | Targeted case management; per month                        | T2023          | U6    |       |       |       | 299.88       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | MBD012                 | BHDDH Community Support   | Targeted case management; per month                        | T2023          | U6    |       |       |       | 299.88       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | MBD011                 | BHDDH Community Support   | Targeted case management; per month                        | T2023          | U7    |       |       |       | 386.66       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based  | 088                   | MBD011                 | BHDDH Community Support   | Targeted case management; per month                        | T2023          | UA    |       |       |       | 580.00       | 7/1/2022       | 7/1/2022                    |

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|--|---|-----------------------|------------------------|---------------------------|---|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based                      | 088                   | MBD011                 | BHDDH Community Support   | Waiver services; not otherwise specified          | T2025          | UD    |       |       |       | 60.18        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based                      | 088                   | MBD012                 | BHDDH Community Support   | Waiver services; not otherwise specified          | T2025          | UD    |       |       |       | 60.18        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Employment-Based                      | 088                   | MBD013                 | BHDDH Community Support   | Waiver services; not otherwise specified          | T2025          | UD    |       |       |       | 60.18        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Ind. Living Only                      | 088                   | MBD020                 | BHDDH DD Residential      | Habilitation, residential, waiver, per diem       | T2016          | U8    |       |       |       | 28.94        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | MBD011                 | BHDDH Community Support   | Respite care, in the home, per diem               | S9125          |       |       |       |       | 277.56       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | MBD011                 | BHDDH Community Support   | Respite services 15 minutes                       | T1005          |       |       |       |       | 7.71         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | BHD011                 | BHDDH DD CNOM Eligibility | Habilitation, education, per hour                 | T2013          |       |       |       |       | 43.78        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | MBD011                 | BHDDH Community Support   | Habilitation, education, per hour                 | T2013          |       |       |       |       | 43.78        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | BHD011                 | BHDDH DD CNOM Eligibility | Habilitation, educational, waiver, per 15 minutes | T2017          |       |       |       |       | 9.47         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | MBD011                 | BHDDH Community Support   | Habilitation, educational, waiver, per 15 minutes | T2017          |       |       |       |       | 9.47         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | MBD012                 | BHDDH Community Support   | Habilitation, educational, waiver, per 15 minutes | T2017          |       |       |       |       | 9.47         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | MBD013                 | BHDDH Community Support   | Habilitation, educational, waiver, per 15 minutes | T2017          |       |       |       |       | 9.47         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | BHD011                 | BHDDH DD CNOM Eligibility | Habilitation, educational, waiver, per 15 minutes | T2017          | UD    |       |       |       | 13.13        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | MBD011                 | BHDDH Community Support   | Habilitation, educational, waiver, per 15 minutes | T2017          | UD    |       |       |       | 13.13        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | MBD012                 | BHDDH Community Support   | Habilitation, educational, waiver, per 15 minutes | T2017          | UD    |       |       |       | 13.13        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | MBD011                 | BHDDH Community Support   | Habilitation, educational, waiver, per 15 minutes | T2017          | UN    |       |       |       | 5.45         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | MBD012                 | BHDDH Community Support   | Habilitation, educational, waiver, per 15 minutes | T2017          | UN    |       |       |       | 5.45         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | BHD011                 | BHDDH DD CNOM Eligibility | Habilitation, educational, waiver, per 15 minutes | T2017          | UP    |       |       |       | 3.79         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | MBD011                 | BHDDH Community Support   | Habilitation, educational, waiver, per 15 minutes | T2017          | UP    |       |       |       | 3.79         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | MBD012                 | BHDDH Community Support   | Habilitation, educational, waiver, per 15 minutes | T2017          | UP    |       |       |       | 3.79         | 7/1/2022       | 7/1/2022                    |

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| Major Service Category                             | Detailed Service Category                     | Billing Provider Code | Program Indicator Code | Program Description         | Procedure Code Description                                | Procedure Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Current Rate | Effective Date | Effective Date (excl. ARPA) |
|--|---|-----------------------|------------------------|-----------------------------|---|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | MBD011                 | BHDDH Community Support     | Habilitation, educational, waiver, per 15 minutes         | T2017          | UQ    |       |       |       | 2.96         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | MBD012                 | BHDDH Community Support     | Habilitation, educational, waiver, per 15 minutes         | T2017          | UQ    |       |       |       | 2.96         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | MBD011                 | BHDDH Community Support     | Habilitation, educational, waiver, per 15 minutes         | T2017          | UR    |       |       |       | 2.46         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | MBD012                 | BHDDH Community Support     | Habilitation, educational, waiver, per 15 minutes         | T2017          | UR    |       |       |       | 2.46         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | MBD011                 | BHDDH Community Support     | Habilitation, educational, waiver, per 15 minutes         | T2017          | US    |       |       |       | 2.13         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | MBD012                 | BHDDH Community Support     | Habilitation, educational, waiver, per 15 minutes         | T2017          | US    |       |       |       | 2.13         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Other                                 | 088                   | MBD011                 | BHDDH Community Support     | Respite services 15 minutes                               | T1005          | UJ    |       |       |       | 5.43         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Other                                 | 088                   | MBD061                 | BHDDH Transportation Waiver | Non-emergency transportation; encounter/trip              | T2003          | TG    |       |       |       | 18.64        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Other                                 | 088                   | MBD062                 | BHDDH Transportation ME     | Non-emergency transportation; encounter/trip              | T2003          | TG    |       |       |       | 18.64        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Other                                 | 088                   | MBD011                 | BHDDH Community Support     | Habil res waiver 15 min                                   | T2017          |       |       |       |       | 9.47         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Other                                 | 088                   | MBD011                 | BHDDH Community Support     | Habilitation, educational, waiver, per 15 minutes         | T2017          | U2    | U1    |       |       | 9.47         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Other                                 | 088                   | MBD012                 | BHDDH Community Support     | Habilitation, educational, waiver, per 15 minutes         | T2017          | U2    | U1    |       |       | 9.47         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Other                                 | 088                   | MBD011                 | BHDDH Community Support     | Habilitation, educational, waiver, per 15 minutes         | T2017          | UD    | U8    |       |       | 13.13        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Other                                 | 088                   | MBD012                 | BHDDH Community Support     | Habilitation, educational, waiver, per 15 minutes         | T2017          | UD    | U8    |       |       | 13.13        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Other                                 | 088                   | MBD061                 | BHDDH Transportation Waiver | Case management, per month                                | T2022          | L6    |       |       |       | 56.73        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Other                                 | 088                   | MBD062                 | BHDDH Transportation ME     | Case management, per month                                | T2022          | L6    |       |       |       | 56.73        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Other                                 | 088                   | MBD011                 | BHDDH Community Support     | Targeted case management; per month                       | T2023          | UD    |       |       |       | 1625.00      | 1/1/2018       | 1/1/2018                    |
| Intellectual and Developmental Disability Services | BHDDH - Other                                 | 088                   | MBD011                 | BHDDH Community Support     | Supports brokerage, self-directed, waiver; per 15 minutes | T2041          | U2    |       |       |       | 12.50        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | Prevocational Training                        | 088                   | MBD011                 | BHDDH Community Support     | Habilitation, prevocational, waiver, per hour             | T2015          |       |       |       |       | 37.27        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Prevocational Training                | 088                   | MBD012                 | BHDDH Community Support     | Habilitation, prevocational, waiver, per hour             | T2015          |       |       |       |       | 37.27        | 7/1/2022       | 7/1/2022                    |

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|--|----------------------------------|-----------------------|------------------------|-------------------------|--|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Intellectual and Developmental Disability Services | BHDDH - Prevocational Training   | 088                   | MBD011                 | BHDDH Community Support | Habilitation, prevocational, waiver, per hour              | T2015          | UN    |       |       |       | 19.29        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Prevocational Training   | 088                   | MBD012                 | BHDDH Community Support | Habilitation, prevocational, waiver, per hour              | T2015          | UN    |       |       |       | 19.29        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Prevocational Training   | 088                   | MBD011                 | BHDDH Community Support | Habilitation, prevocational, waiver, per hour              | T2015          | UP    |       |       |       | 13.41        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Prevocational Training   | 088                   | MBD012                 | BHDDH Community Support | Habilitation, prevocational, waiver, per hour              | T2015          | UP    |       |       |       | 13.41        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Prevocational Training   | 088                   | MBD011                 | BHDDH Community Support | Habilitation, prevocational, waiver, per hour              | T2015          | UQ    |       |       |       | 10.49        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Prevocational Training   | 088                   | MBD011                 | BHDDH Community Support | Habilitation, prevocational, waiver, per hour              | T2015          | UR    |       |       |       | 8.73         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Prevocational Training   | 088                   | MBD011                 | BHDDH Community Support | Habilitation, prevocational, waiver, per hour              | T2015          | US    |       |       |       | 7.58         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Residential Habilitation | 088                   | MBD020                 | BHDDH DD Residential    | Habilitation, residential, waiver, per diem                | T2016          | TG    |       |       |       | 437.61       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Residential Habilitation | 088                   | MBD020                 | BHDDH DD Residential    | Habilitation, residential, waiver, per diem                | T2016          | U5    |       |       |       | 171.44       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Residential Habilitation | 088                   | MBD020                 | BHDDH DD Residential    | Habilitation, residential, waiver, per diem                | T2016          | U6    |       |       |       | 171.44       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Residential Habilitation | 088                   | MBD020                 | BHDDH DD Residential    | Habilitation, residential, waiver, per diem                | T2016          | U7    |       |       |       | 242.11       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Residential Habilitation | 088                   | MBD020                 | BHDDH DD Residential    | Habilitation, residential, waiver, per diem                | T2016          | UA    |       |       |       | 390.45       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Residential Habilitation | 088                   | MBD020                 | BHDDH DD Residential    | Residential care not otherwise specified, waiver, per diem | T2033          | TG    |       |       |       | 437.61       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Residential Habilitation | 088                   | MBD020                 | BHDDH DD Residential    | Residential care not otherwise specified, waiver, per diem | T2033          | TG    | U1    |       |       | 133.37       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Residential Habilitation | 088                   | MBD020                 | BHDDH DD Residential    | Residential care not otherwise specified, waiver, per diem | T2033          | U5    |       |       |       | 171.44       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Residential Habilitation | 088                   | MBD020                 | BHDDH DD Residential    | Residential care not otherwise specified, waiver, per diem | T2033          | U5    | U1    |       |       | 71.85        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Residential Habilitation | 088                   | MBD020                 | BHDDH DD Residential    | Residential care not otherwise specified, waiver, per diem | T2033          | U6    |       |       |       | 171.44       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Residential Habilitation | 088                   | MBD020                 | BHDDH DD Residential    | Residential care not otherwise specified, waiver, per diem | T2033          | U6    | U1    |       |       | 87.69        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Residential Habilitation | 088                   | MBD020                 | BHDDH DD Residential    | Residential care not otherwise specified, waiver, per diem | T2033          | U7    |       |       |       | 242.11       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Residential Habilitation | 088                   | MBD020                 | BHDDH DD Residential    | Residential care not otherwise specified, waiver, per diem | T2033          | U7    | U1    |       |       | 111.33       | 7/1/2022       | 7/1/2022                    |

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|--|----------------------------------|-----------------------|------------------------|-----------------------------|--|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Intellectual and Developmental Disability Services | BHDDH - Residential Habilitation | 088                   | MBD020                 | BHDDH DD Residential        | Residential care not otherwise specified, waiver, per diem | T2033          | UA    |       |       |       | 390.45       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Residential Habilitation | 088                   | MBD020                 | BHDDH DD Residential        | Residential care not otherwise specified, waiver, per diem | T2033          | UA    | U1    |       |       | 133.37       | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Self-Directed Services   | 088                   | MBD011                 | BHDDH Community Support     | Respite services 15 minutes                                | T1005          | U2    |       |       |       | 7.71         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Self-Directed Services   | 088                   | MBD011                 | BHDDH Community Support     | Respite services 15 minutes                                | T1005          | UJ    | U2    |       |       | 5.43         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Self-Directed Services   | 088                   | MBD011                 | BHDDH Community Support     | Habilitation, education, per hour                          | T2013          | UD    | U2    |       |       | 47.72        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Self-Directed Services   | 088                   | MBD011                 | BHDDH Community Support     | Habilitation, educational, waiver, per 15 minutes          | T2017          | U2    |       |       |       | 9.47         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Self-Directed Services   | 088                   | MBD012                 | BHDDH Community Support     | Habilitation, educational, waiver, per 15 minutes          | T2017          | U2    |       |       |       | 9.47         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Self-Directed Services   | 088                   | MBD011                 | BHDDH Community Support     | Habilitation, educational, waiver, per 15 minutes          | T2017          | UD    | U2    |       |       | 13.13        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Self-Directed Services   | 088                   | MBD011                 | BHDDH Community Support     | Habilitation, supported employment, waiver; per 15 minutes | T2019          | U2    |       |       |       | 9.69         | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Self-Directed Services   | 088                   | MBD011                 | BHDDH Community Support     | Day habilitation, waiver, per 15 minutes                   | T2021          | U8    | U1    |       |       | 13.13        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Self-Directed Services   | 088                   | MBD011                 | BHDDH Community Support     | Waiver services; not otherwise specified                   | T2025          | U2    |       |       |       | 50.00        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Self-Directed Services   | 088                   | MBD012                 | BHDDH Community Support     | Waiver services; not otherwise specified                   | T2025          | U2    |       |       |       | 50.00        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Self-Directed Services   | 088                   | MBD011                 | BHDDH Community Support     | Waiver services; not otherwise specified                   | T2025          | UD    | U2    |       |       | 60.18        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Self-Directed Services   | 088                   | MBD012                 | BHDDH Community Support     | Waiver services; not otherwise specified                   | T2025          | UD    | U2    |       |       | 60.18        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Transportation           | 088                   | BHD011                 | BHDDH DD CNOM Eligibility   | Non-emergency transportation; encounter/trip               | T2003          |       |       |       |       | 10.62        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Transportation           | 088                   | MBD061                 | BHDDH Transportation Waiver | Non-emergency transportation; encounter/trip               | T2003          |       |       |       |       | 10.62        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Transportation           | 088                   | MBD062                 | BHDDH Transportation ME     | Non-emergency transportation; encounter/trip               | T2003          |       |       |       |       | 10.62        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Transportation           | 088                   | MBD063                 | BHDDH Transportation State  | Non-emergency transportation; encounter/trip               | T2003          |       |       |       |       | 10.62        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Transportation           | 088                   | MBD061                 | BHDDH Transportation Waiver | Non-emergency transportation; encounter/trip               | T2003          | UA    |       |       |       | 18.64        | 7/1/2022       | 7/1/2022                    |
| Intellectual and Developmental Disability Services | BHDDH - Transportation           | 088                   | MBD062                 | BHDDH Transportation ME     | Non-emergency transportation; encounter/trip               | T2003          | UA    |       |       |       | 18.64        | 7/1/2022       | 7/1/2022                    |

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| Major Service Category                             | Detailed Service Category | Billing Provider Code | Program Indicator Code | Program Description           | Procedure Code Description              | Procedure Code | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Current Rate | Effective Date | Effective Date (excl. ARPA) |
|--|---------------------------|-----------------------|------------------------|-------------------------------|---|----------------|-------|-------|-------|-------|--------------|----------------|-----------------------------|
| Intellectual and Developmental Disability Services | Home Care                 | 072                   | MBD030                 | BHDDH DD Home Health Services | Attendant care services, per 15 minutes | S5125          |       |       |       |       | 6.79         | 7/1/2023       | 7/1/2023                    |
| Intellectual and Developmental Disability Services | Home Care                 | 072                   | MBD030                 | BHDDH DD Home Health Services | Attendant care services, per 15 minutes | S5125          | U1    |       |       |       | 6.56         | 7/1/2023       | 7/1/2023                    |
| Intellectual and Developmental Disability Services | Home Care                 | 072                   | MBD030                 | BHDDH DD Home Health Services | Homemaker service, nos; per 15 minutes  | S5130          |       |       |       |       | 6.35         | 7/1/2023       | 7/1/2023                    |
| Intellectual and Developmental Disability Services | Home Care                 | 072                   | MBD030                 | BHDDH DD Home Health Services | Homemaker service, nos; per 15 minutes  | S5130          | TE    |       |       |       | 14.68        | 7/1/2023       | 7/1/2023                    |

**Notes**

1. Medicaid fee schedule was provided by Gainwell on February 28, 2023 and is limited to services in the SFY 2022 Medicaid fee-for-service claims data performed by selected providers.
2. Certain rate changes in the Medicaid fee schedule are attributable to changes in service coding, particularly for behavioral health services for which service codes were changed January 1, 2016.
3. Date of last increase for CRAFT services is based earliest claims data available. The effective date of current reimbursement rates may be prior to 7/1/2017.
4. Procedure code for CRAFT services represents a revenue code.
5. Codes with \$0.00 or \$0.01 reimbursement are excluded from the table above.
6. Negotiated or manually adjusted fees are not included.
7. The "Effective Date (excl. ARPA)" reflects the effective date of the last rate change as of July 1, 2023, excluding any temporary rate increases for purposes of the ARPA workforce development initiative that have since expired.
8. Morning service for home delivered meals, S5170 U3, above is denoted as S5170 UF in the Gainwell fee schedule.

## Appendix 2: Non-MMIS Service Reimbursement



| State of Rhode Island<br>Office of the Health Insurance Commissioner<br>Department of Health Non-MMIS Expenditures and Users |                                   |                                  |  |              |                          |                                    |                |          |          |  |
|--|-----------------------------------|----------------------------------|--|--------------|--------------------------|------------------------------------|----------------|----------|----------|--|
| Service Subject Area   |                                   |                                  | Service Description  |              |                          |                                    | Reimbursement  |          |          |  |
| Agency   | Major Service Category            | Detailed Service Category        | Service Name   | Service Code | Modifier                 | Vendor                             | Effective Date | Rate     | Unit     |  |
| DCYF   | Home and Community-Based Services | CSEC Mentor                      | Commercial Sexual Exploitation of Children Mentoring Program | CSEC1        |                          | Day One                            | 7/1/2022       | \$43.45  | Per diem |  |
| DCYF   | Home and Community-Based Services | TTEAM                            | Trauma, Treatment, Evaluation, Assessment and Management     | CSECTT       |                          | Day One                            | 7/1/2022       | \$49.40  | Per diem |  |
| DCYF   | Home and Community-Based Services | Enhanced Family Support Services | Enhanced Family Support Services                             | EFSS2        |                          | Communities for People, Inc.       | 7/1/2022       | \$38.76  | Per diem |  |
| DCYF   | Home and Community-Based Services | Enhanced Family Support Services | Enhanced Family Support Services Program                     | EFSS3        |                          | Key Program, Inc.                  | 7/1/2022       | \$38.76  | Per diem |  |
| DCYF   | Residential Care                  | Assessment Stabilization Center  | Turning the Corner   | ES18         |                          | Jammat Housing & Comm Dev Ctr      | 7/1/2022       | \$316.04 | Per diem |  |
| DCYF   | Residential Care                  | Assessment Stabilization Center  | Short-Term Assessment and Reunification                      | ES2          |                          | Communities for People, Inc.       | 7/1/2022       | \$698.82 | Per diem |  |
| DCYF   | Residential Care                  | Assessment Stabilization Center  | Assessment & Stabilization Center                            | ES25         |                          | St. Mary's Home for Children       | 7/1/2022       | \$366.89 | Per diem |  |
| DCYF   | Residential Care                  | Assessment Stabilization Center  | Trauma Systems Therapy Residential                           | ES3          |                          | Family Service of Rhode Island     | 7/1/2022       | \$627.39 | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-1       | CPA Agency Support-Tier1 | Alliance Human Services, Inc.      | 7/1/2022       | \$48.05  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-1       | CPA Agency Support-Tier2 | Alliance Human Services, Inc.      | 7/1/2022       | \$50.29  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-1       | CPA Agency Support-Tier3 | Alliance Human Services, Inc.      | 7/1/2022       | \$79.33  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-1       | CPA Agency Support-Tier4 | Alliance Human Services, Inc.      | 7/1/2022       | \$100.57 | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-1       | CPA Agency Support-Tier5 | Alliance Human Services, Inc.      | 7/1/2022       | \$105.04 | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-1       | CPAAgencySupport-MedRate | Alliance Human Services, Inc.      | 7/1/2022       | \$109.51 | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-2       | CPAAgencySupport-MedRate | Boys Town New England              | 7/1/2022       | \$125.73 | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-2       | CPA Agency Support-Tier1 | Boys Town New England              | 7/1/2022       | \$55.93  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-2       | CPA Agency Support-Tier2 | Boys Town New England              | 7/1/2022       | \$56.36  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-2       | CPA Agency Support-Tier3 | Boys Town New England              | 7/1/2022       | \$80.72  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-2       | CPA Agency Support-Tier4 | Boys Town New England              | 7/1/2022       | \$102.54 | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-3       | CPA Agency Support-Tier1 | Child & Family Services of Newport | 7/1/2022       | \$53.15  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-3       | CPA Agency Support-Tier2 | Child & Family Services of Newport | 7/1/2022       | \$55.80  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-3       | CPA Agency Support-Tier3 | Child & Family Services of Newport | 7/1/2022       | \$75.29  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-3       | CPA Agency Support-Tier4 | Child & Family Services of Newport | 7/1/2022       | \$88.57  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-3       | CPA Agency Support-Tier5 | Child & Family Services of Newport | 7/1/2022       | \$92.99  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-4       | CPA Agency Support-Tier1 | Children's Friend and Service      | 7/1/2022       | \$52.29  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-4       | CPA Agency Support-Tier2 | Children's Friend and Service      | 7/1/2022       | \$54.90  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-4       | CPA Agency Support-Tier3 | Children's Friend and Service      | 7/1/2022       | \$78.64  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-4       | CPA Agency Support-Tier4 | Children's Friend and Service      | 7/1/2022       | \$95.19  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-4       | CPA Agency Support-Tier5 | Children's Friend and Service      | 7/1/2022       | \$99.94  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-5       | CPA Agency Support-Tier1 | Communities for People, Inc.       | 7/1/2022       | \$51.92  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care       | Therapeutic Foster Care                                      | FCAS-5       | CPA Agency Support-Tier2 | Communities for People, Inc.       | 7/1/2022       | \$51.92  | Per diem |  |

| State of Rhode Island<br>Office of the Health Insurance Commissioner<br>Department of Health Non-MMIS Expenditures and Users |                                   |                                   |                                       |              |                          |                                    |                |          |          |  |
|--|-----------------------------------|-----------------------------------|---------------------------------------|--------------|--------------------------|------------------------------------|----------------|----------|----------|--|
| Service Subject Area   |                                   |                                   | Service Description                   |              |                          |                                    | Reimbursement  |          |          |  |
| Agency   | Major Service Category            | Detailed Service Category         | Service Name                          | Service Code | Modifier                 | Vendor                             | Effective Date | Rate     | Unit     |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-5       | CPA Agency Support-Tier3 | Communities for People, Inc.       | 7/1/2022       | \$66.46  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-5       | CPA Agency Support-Tier4 | Communities for People, Inc.       | 7/1/2022       | \$102.58 | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-5       | CPA Agency Support-Tier5 | Communities for People, Inc.       | 7/1/2022       | \$111.71 | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-6       | CPA Agency Support-Tier1 | Community Care Alliance            | 7/1/2022       | \$52.44  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-6       | CPA Agency Support-Tier2 | Community Care Alliance            | 7/1/2022       | \$52.44  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-6       | CPA Agency Support-Tier3 | Community Care Alliance            | 7/1/2022       | \$81.03  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-6       | CPA Agency Support-Tier4 | Community Care Alliance            | 7/1/2022       | \$103.75 | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-6       | CPA Agency Support-Tier5 | Community Care Alliance            | 7/1/2022       | \$103.75 | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-7       | CPA Agency Support-Tier1 | Devereux Foundation Inc.           | 7/1/2022       | \$56.97  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-7       | CPA Agency Support-Tier2 | Devereux Foundation Inc.           | 7/1/2022       | \$58.53  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-7       | CPA Agency Support-Tier3 | Devereux Foundation Inc.           | 7/1/2022       | \$66.70  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-7       | CPA Agency Support-Tier4 | Devereux Foundation Inc.           | 7/1/2022       | \$98.50  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-7       | CPA Agency Support-Tier5 | Devereux Foundation Inc.           | 7/1/2022       | \$102.52 | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-8       | CPA Agency Support-Tier1 | Family Service of Rhode Island     | 7/1/2022       | \$52.85  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-8       | CPA Agency Support-Tier2 | Family Service of Rhode Island     | 7/1/2022       | \$52.85  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-8       | CPA Agency Support-Tier3 | Family Service of Rhode Island     | 7/1/2022       | \$90.44  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-8       | CPA Agency Support-Tier4 | Family Service of Rhode Island     | 7/1/2022       | \$105.80 | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-8       | CPA Agency Support-Tier5 | Family Service of Rhode Island     | 7/1/2022       | \$105.80 | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-9       | CPA Agency Support-Tier1 | Groden Center                      | 7/1/2022       | \$63.86  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-9       | CPA Agency Support-Tier2 | Groden Center                      | 7/1/2022       | \$63.86  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-9       | CPA Agency Support-Tier3 | Groden Center                      | 7/1/2022       | \$89.22  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-9       | CPA Agency Support-Tier4 | Groden Center                      | 7/1/2022       | \$125.25 | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-9       | CPA Agency Support-Tier5 | Groden Center                      | 7/1/2022       | \$125.25 | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-10      | CPA Agency Support-Tier1 | NAFI Connecticut, Inc.             | 7/1/2022       | \$55.06  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-10      | CPA Agency Support-Tier2 | NAFI Connecticut, Inc.             | 7/1/2022       | \$55.06  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-10      | CPA Agency Support-Tier3 | NAFI Connecticut, Inc.             | 7/1/2022       | \$85.07  | Per diem |  |
| DCYF   | Foster Care                       | Private Agency Foster Care        | Therapeutic Foster Care               | FCAS-10      | CPA Agency Support-Tier4 | NAFI Connecticut, Inc.             | 7/1/2022       | \$114.48 | Per diem |  |
| DCYF   | Home and Community-Based Services | Family Community Care Partnership | FamilyPres-FCCP                       | FCCP         |                          | Child & Family Services of Newport | 7/1/2022       | \$41.69  | Per diem |  |
| DCYF   | Home and Community-Based Services | Family Community Care Partnership | Short-Term Assessment & Stabilization | FCCP         |                          | Child & Family Services of Newport | 7/1/2022       | \$52.80  | Per diem |  |
| DCYF   | Home and Community-Based Services | Family Community Care Partnership | FamilyPres-FCCP                       | FCCP         |                          | Communities for People, Inc.       | 7/1/2022       | \$41.69  | Per diem |  |
| DCYF   | Home and Community-Based Services | Family Community Care Partnership | Short-Term Assessment & Stabilization | FCCP         |                          | Communities for People, Inc.       | 7/1/2022       | \$52.80  | Per diem |  |
| DCYF   | Home and Community-Based Services | Family Community Care Partnership | FamilyPres-FCCP                       | FCCP         |                          | Community Care Alliance            | 7/1/2022       | \$41.69  | Per diem |  |
| DCYF   | Home and Community-Based Services | Family Community Care Partnership | Short-Term Assessment & Stabilization | FCCP         |                          | Community Care Alliance            | 7/1/2022       | \$52.80  | Per diem |  |
| DCYF   | Home and Community-Based Services | Family Community Care Partnership | FamilyPres-FCCP                       | FCCP         |                          | Family Service of Rhode Island     | 7/1/2022       | \$41.69  | Per diem |  |

| State of Rhode Island<br>Office of the Health Insurance Commissioner<br>Department of Health Non-MMIS Expenditures and Users |                                   |                                   |   |              |          |                                    |                |          |          |  |
|--|-----------------------------------|-----------------------------------|---|--------------|----------|------------------------------------|----------------|----------|----------|--|
| Service Subject Area   |                                   |                                   | Service Description                                   |              |          |                                    | Reimbursement  |          |          |  |
| Agency   | Major Service Category            | Detailed Service Category         | Service Name  | Service Code | Modifier | Vendor                             | Effective Date | Rate     | Unit     |  |
| DCYF   | Home and Community-Based Services | Family Community Care Partnership | Short-Term Assessment & Stabilization                 | FCCP         |          | Family Service of Rhode Island     | 7/1/2022       | \$52.80  | Per diem |  |
| DCYF   | Home and Community-Based Services | Family Community Care Partnership | FamilyPres-FCCP                                       | FCCP         |          | Tri-County Community Action Agency | 7/1/2022       | \$41.69  | Per diem |  |
| DCYF   | Home and Community-Based Services | Family Community Care Partnership | Short-Term Assessment & Stabilization                 | FCCP         |          | Tri-County Community Action Agency | 7/1/2022       | \$52.80  | Per diem |  |
| DCYF   | Home and Community-Based Services | Family-Centered Treat             | Family-Centered Treatment                             | FCT          |          | Child & Family Services of Newport | 7/1/2022       | \$78.48  | Per diem |  |
| DCYF   | Home and Community-Based Services | Family-Centered Treat             | Family-Centered Treatment                             | FCT2         |          | Communities for People, Inc.       | 7/1/2022       | \$77.91  | Per diem |  |
| DCYF   | Home and Community-Based Services | Functional Family Therapy         | Functional Family Therapy                             | FFT          |          | Child & Family Services of Newport | 7/1/2022       | \$37.77  | Per diem |  |
| DCYF   | Home and Community-Based Services | Functional Family Therapy         | Disruptive Behavior Program                           | FFT2         |          | Tides Family Services              | 7/1/2022       | \$37.11  | Per diem |  |
| DCYF   | Home and Community-Based Services | Special Populations Program       | Foster Parent Support Services                        | FOC9         |          | St. Mary's Home for Children       | 7/1/2022       | \$108.27 | Per diem |  |
| DCYF   | Home and Community-Based Services | Family Preservation               | Treatment Program for Families                        | FP           |          | Community Care Alliance            | 7/1/2022       | \$27.31  | Per diem |  |
| DCYF   | Home and Community-Based Services | Family Preservation               | Family Stabilization Program                          | FP5          |          | Children's Friend and Service      | 7/1/2022       | \$79.01  | Per diem |  |
| DCYF   | Home and Community-Based Services | Family Stabilization Program      | Family Stabilization Program                          | FSP1         |          | Child & Family Services of Newport | 7/1/2022       | \$38.48  | Per diem |  |
| DCYF   | Home and Community-Based Services | Visitation Center                 | Parent Child Visitation Center                        | FVC          |          | Community Care Alliance            | 7/1/2022       | \$62.65  | Per diem |  |
| DCYF   | Home and Community-Based Services | Visitation Center                 | Parent Child Visitation Center                        | FVC1NEC      |          | Community Care Alliance            | 7/1/2022       | \$75.12  | Per diem |  |
| DCYF   | Home and Community-Based Services | Visitation Center                 | Family Visitation/Care Coordination Services          | FVC2         |          | Boys Town New England              | 7/1/2022       | \$41.64  | Per diem |  |
| DCYF   | Home and Community-Based Services | Visitation Center                 | Trauma Systems Therapy Visitation and Coaching        | FVC3         |          | Family Service of Rhode Island     | 7/1/2022       | \$53.57  | Per diem |  |
| DCYF   | Home and Community-Based Services | Familypres-Visitation             | Family and Youth Support Partner Services             | FVC4         |          | Parent Support Network of RI       | 7/1/2022       | \$22.85  | Per diem |  |
| DCYF   | Residential Care                  | Group Homes                       | Family Home Program                                   | GH033        |          | Boys Town New England              | 7/1/2022       | \$442.66 | Per diem |  |
| DCYF   | Residential Care                  | Group Homes                       | Family Home Program                                   | GH033a       |          | Boys Town New England              | 7/1/2022       | \$424.40 | Per diem |  |
| DCYF   | Residential Care                  | Group Homes                       | Family Home Program                                   | GH033b       |          | Boys Town New England              | 7/1/2022       | \$443.88 | Per diem |  |
| DCYF   | Residential Care                  | Group Homes                       | Adolescent Developmental Disabilities Program         | GH10B        |          | Whitmarsh Corp                     | 7/1/2022       | \$360.74 | Per diem |  |
| DCYF   | Residential Care                  | Group Homes                       | Sex Offenders Residential Treatment Program for Youth | GH30         |          | Jammat Housing & Comm Dev Ctr      | 7/1/2022       | \$330.74 | Per diem |  |
| DCYF   | Residential Care                  | Group Homes                       | Sex Offenders Residential Treatment Program for Youth | GH31         |          | Jammat Housing & Comm Dev Ctr      | 7/1/2022       | \$330.74 | Per diem |  |
| DCYF   | Residential Care                  | Group Homes                       | Program for Youth with Developmental Disabilities     | GH34         |          | Jammat Housing & Comm Dev Ctr      | 7/1/2022       | \$337.29 | Per diem |  |
| DCYF   | Residential Care                  | Group Homes                       | Residential Treatment Program                         | GH48         |          | Groden Center                      | 7/1/2022       | \$443.20 | Per diem |  |
| DCYF   | Home and Community-Based Services | Disruptive Behavior Program       | MST - Contracted                                      | HB04         |          | NAFI Connecticut, Inc.             | 7/1/2022       | \$73.59  | Per diem |  |
| DCYF   | Home and Community-Based Services | MST - Contracted                  | Multi-Systemic Therapy                                | HB5          |          | Providence Center                  | 7/1/2022       | \$73.59  | Per diem |  |
| DCYF   | Home and Community-Based Services | Homebuilders                      | Family Stabilization Program                          | HBLD1        |          | Bethany Christian Serv of Southern | 7/1/2022       | \$270.96 | Per diem |  |
| DCYF   | Residential Care                  | Independent Living Contracted     | Independent Living                                    | IL1          |          | Child & Family Services of Newport | 7/1/2022       | \$130.97 | Per diem |  |
| DCYF   | Residential Care                  | Independent Living Contracted     | Independent Living Program                            | IL2          |          | Whitmarsh Corp                     | 7/1/2022       | \$160.41 | Per diem |  |
| DCYF   | Residential Care                  | Independent Living Contracted     | Independent Living Program                            | IL3          |          | Communities for People, Inc.       | 7/1/2022       | \$157.15 | Per diem |  |
| DCYF   | Residential Care                  | Independent Living Contracted     | Transitional Living Program                           | IL4          |          | Providence Center                  | 7/1/2022       | \$129.83 | Per diem |  |
| DCYF   | Residential Care                  | Independent Living Contracted     | Semi-Independent Living                               | IL5          |          | NAFI Connecticut, Inc.             | 7/1/2022       | \$307.53 | Per diem |  |

| State of Rhode Island                                |                                   |                                |   |              |          |                                     |                |            |          |  |
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| Office of the Health Insurance Commissioner          |                                   |                                |   |              |          |                                     |                |            |          |  |
| Department of Health Non-MMIS Expenditures and Users |                                   |                                |   |              |          |                                     |                |            |          |  |
| Service Subject Area                                 |                                   |                                | Service Description                             |              |          |                                     | Reimbursement  |            |          |  |
| Agency   | Major Service Category            | Detailed Service Category      | Service Name                                    | Service Code | Modifier | Vendor                              | Effective Date | Rate       | Unit     |  |
| DCYF   | Residential Care                  | Independent Living Contracted  | Transitional Living Program LGBTQ               | ILLGBT1      |          | Providence Center                   | 7/1/2022       | \$164.62   | Per diem |  |
| DCYF   | Residential Care                  | Independent Living Contracted  | Transitional Living Program Teen Mom            | ILTP1        |          | Providence Center                   | 7/1/2022       | \$169.44   | Per diem |  |
| DCYF   | Home and Community-Based Services | Special Populations Program    | MST-PSB   | MSTPSB0      |          | NAFI Connecticut, Inc.              | 7/1/2022       | \$179.17   | Per diem |  |
| DCYF   | Home and Community-Based Services | Miscellaneous Programs         | Outreach and Tracking                           | OT-3         |          | Tides Family Services               | 7/1/2022       | \$41.33    | Per diem |  |
| DCYF   | Home and Community-Based Services | Miscellaneous Programs         | Outreach and Tracking                           | OT-YTC1      |          | Tides Family Services               | 7/1/2022       | \$45.03    | Per diem |  |
| DCYF   | Home and Community-Based Services | Miscellaneous Programs         | Truancy Intervention                            | YTC2         |          | Tides Family Services               | 7/1/2022       | \$41.33    | Per diem |  |
| DCYF   | Home and Community-Based Services | Special Populations Program    | Family Pres - DD Parent                         | PCD-1        |          | Groden Center                       | 7/1/2022       | \$152.40   | Per diem |  |
| DCYF   | Home and Community-Based Services | Special Populations Program    | Family Stablization Program                     | PCD-2        |          | Groden Center                       | 7/1/2022       | \$171.99   | Per diem |  |
| DCYF   | Home and Community-Based Services | Disruptive Behavior Program    | PreservingFamNetworks                           | PFN          |          | Tides Family Services               | 7/1/2022       | \$97.93    | Per diem |  |
| DCYF   | Home and Community-Based Services | Disruptive Behavior Program    | PreservingFamNetworks                           | PFNIt        |          | Tides Family Services               | 7/1/2022       | \$51.81    | Per diem |  |
| DCYF   | Home and Community-Based Services | Disruptive Behavior Program    | Parentingw/Love&Limits                          | PLLHme       |          | NAFI Connecticut, Inc.              | 7/1/2022       | \$61.91    | Per diem |  |
| DCYF   | Home and Community-Based Services | Disruptive Behavior Program    | Parentingw/Love&Limits                          | PLLPlmt      |          | NAFI Connecticut, Inc.              | 7/1/2022       | \$61.91    | Per diem |  |
| DCYF   | Residential Care                  | Residential Treatment Center   | Psychiatric Residential Treatment Facility      | PRTF1        |          | St. Mary's Home for Children        | 7/1/2022       | \$990.20   | Per diem |  |
| DCYF   | Residential Care                  | Residential Treatment Center   | Psychiatric Residential Treatment Facility      | PRTF2        |          | St. Mary's Home for Children        | 7/1/2022       | \$990.20   | Per diem |  |
| DCYF   | Residential Care                  | Residential Treatment Center   | Psychiatric Residential Treatment Facility      | PRTF3        |          | St. Mary's Home for Children        | 7/1/2022       | \$990.20   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS120C       |          | New England Ctr for Children/Autism | 7/1/2022       | \$1,104.13 | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS122D       |          | Latham Centers, Inc.                | 7/1/2022       | \$803.51   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS134C       |          | Youth Villages, Inc.                | 7/1/2022       | \$1,100.00 | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS135D       |          | Easter Seals New Hampshire, Inc.    | 7/1/2022       | \$1,263.73 | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS135E       |          | Easter Seals New Hampshire, Inc.    | 7/1/2022       | \$1,165.25 | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS135G       |          | Easter Seals New Hampshire, Inc.    | 7/1/2022       | \$1,263.73 | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS135H       |          | Easter Seals New Hampshire, Inc.    | 7/1/2022       | \$1,263.73 | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS136P       |          | Vermont Permanency Initiative Inc.  | 7/1/2022       | \$875.09   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS136Q       |          | Vermont Permanency Initiative Inc.  | 7/1/2022       | \$875.09   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS160A       |          | Melmark Inc.                        | 7/1/2022       | \$813.29   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS168A       |          | Judge Rotenberg Center              | 7/1/2022       | \$847.26   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS168B       |          | Judge Rotenberg Center              | 7/1/2022       | \$847.26   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS168J       |          | Judge Rotenberg Center              | 7/1/2022       | \$847.26   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS168K       |          | Judge Rotenberg Center              | 7/1/2022       | \$847.26   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS168L       |          | Judge Rotenberg Center              | 7/1/2022       | \$847.26   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS168M       |          | Judge Rotenberg Center              | 7/1/2022       | \$847.26   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS168N       |          | Judge Rotenberg Center              | 7/1/2022       | \$847.26   | Per diem |  |

| State of Rhode Island                                |                                 |                                |   |              |          |                                   |                |            |          |  |
|--|---------------------------------|--------------------------------|---|--------------|----------|-----------------------------------|----------------|------------|----------|--|
| Office of the Health Insurance Commissioner          |                                 |                                |   |              |          |                                   |                |            |          |  |
| Department of Health Non-MMIS Expenditures and Users |                                 |                                |   |              |          |                                   |                |            |          |  |
| Service Subject Area                                 |                                 |                                | Service Description                             |              |          |                                   | Reimbursement  |            |          |  |
| Agency   | Major Service Category          | Detailed Service Category      | Service Name                                    | Service Code | Modifier | Vendor                            | Effective Date | Rate       | Unit     |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS168O       |          | Judge Rotenberg Center            | 7/1/2022       | \$847.26   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS168P       |          | Judge Rotenberg Center            | 7/1/2022       | \$847.26   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS168Q       |          | Judge Rotenberg Center            | 7/1/2022       | \$847.26   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS171A       |          | White Deer Run LLC dba Cove Prep  | 7/1/2022       | \$623.97   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS172B       |          | Stevens Children's Home, Inc.     | 7/1/2022       | \$682.23   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS172C       |          | Stevens Children's Home, Inc.     | 7/1/2022       | \$686.01   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS173A       |          | Mount Prospect Academy, Inc.      | 7/1/2022       | \$1,003.91 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS173B       |          | Mount Prospect Academy, Inc.      | 7/1/2022       | \$995.12   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS173C       |          | Mount Prospect Academy, Inc.      | 7/1/2022       | \$822.34   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS173D       |          | Mount Prospect Academy, Inc.      | 7/1/2022       | \$831.67   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS175A       |          | SP Behavioral LLC dba Sandy Pines | 7/1/2022       | \$860.00   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS175B       |          | SP Behavioral LLC dba Sandy Pines | 7/1/2022       | \$860.00   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS179A       |          | PATH at Stone Summit Inc.         | 7/1/2022       | \$1,181.58 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS180A       |          | Keystone Newport News LLC         | 7/1/2022       | \$819.95   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS180B       |          | Keystone Newport News LLC         | 7/1/2022       | \$876.01   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18FD       |          | Justice Resource Institute        | 7/1/2022       | \$649.23   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18FE       |          | Justice Resource Institute        | 7/1/2022       | \$649.23   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18FN       |          | Justice Resource Institute        | 7/1/2022       | \$649.23   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18FR       |          | Justice Resource Institute        | 7/1/2022       | \$649.23   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18FY       |          | Justice Resource Institute        | 7/1/2022       | \$649.23   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18GF       |          | Justice Resource Institute        | 7/1/2022       | \$649.23   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18GG       |          | Justice Resource Institute        | 7/1/2022       | \$649.23   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18GM       |          | Justice Resource Institute        | 7/1/2022       | \$649.23   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18GO       |          | Justice Resource Institute        | 7/1/2022       | \$649.23   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18GP       |          | Justice Resource Institute        | 7/1/2022       | \$649.23   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18GR       |          | Justice Resource Institute        | 7/1/2022       | \$649.23   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18GS       |          | Justice Resource Institute        | 7/1/2022       | \$649.23   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18GT       |          | Justice Resource Institute        | 7/1/2022       | \$649.23   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18GU       |          | Justice Resource Institute        | 7/1/2022       | \$649.23   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18GV       |          | Justice Resource Institute        | 7/1/2022       | \$649.23   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18GW       |          | Justice Resource Institute        | 7/1/2022       | \$649.23   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18GX       |          | Justice Resource Institute        | 7/1/2022       | \$649.23   | Per diem |  |

| State of Rhode Island<br>Office of the Health Insurance Commissioner<br>Department of Health Non-MMIS Expenditures and Users |                                 |                                |   |              |          |                              |                |          |          |  |
|--|---------------------------------|--------------------------------|---|--------------|----------|------------------------------|----------------|----------|----------|--|
| Service Subject Area   |                                 |                                | Service Description                             |              |          |                              | Reimbursement  |          |          |  |
| Agency   | Major Service Category          | Detailed Service Category      | Service Name                                    | Service Code | Modifier | Vendor                       | Effective Date | Rate     | Unit     |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18GY       |          | Justice Resource Institute   | 7/1/2022       | \$649.23 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18GZ       |          | Justice Resource Institute   | 7/1/2022       | \$649.23 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18HA       |          | Justice Resource Institute   | 7/1/2022       | \$649.23 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18HB       |          | Justice Resource Institute   | 7/1/2022       | \$649.23 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18HC       |          | Justice Resource Institute   | 7/1/2022       | \$649.23 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18HD       |          | Justice Resource Institute   | 7/1/2022       | \$649.23 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18HE       |          | Justice Resource Institute   | 7/1/2022       | \$649.23 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18HF       |          | Justice Resource Institute   | 7/1/2022       | \$649.23 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18HG       |          | Justice Resource Institute   | 7/1/2022       | \$649.23 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18HH       |          | Justice Resource Institute   | 7/1/2022       | \$649.23 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18HI       |          | Justice Resource Institute   | 7/1/2022       | \$649.23 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18HJ       |          | Justice Resource Institute   | 7/1/2022       | \$649.23 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18HK       |          | Justice Resource Institute   | 7/1/2022       | \$649.23 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18HL       |          | Justice Resource Institute   | 7/1/2022       | \$649.23 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18HM       |          | Justice Resource Institute   | 7/1/2022       | \$649.23 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18HN       |          | Justice Resource Institute   | 7/1/2022       | \$649.23 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18HO       |          | Justice Resource Institute   | 7/1/2022       | \$649.23 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18HP       |          | Justice Resource Institute   | 7/1/2022       | \$649.23 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS18HQ       |          | Justice Resource Institute   | 7/1/2022       | \$649.23 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS19AA       |          | Crystal Springs, Inc.        | 7/1/2022       | \$899.68 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS19AC       |          | Crystal Springs, Inc.        | 7/1/2022       | \$899.68 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS19AD       |          | Crystal Springs, Inc.        | 7/1/2022       | \$899.68 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS19AE       |          | Crystal Springs, Inc.        | 7/1/2022       | \$899.68 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS19W        |          | Crystal Springs, Inc.        | 7/1/2022       | \$899.68 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS32CG       |          | Stetson School, Inc.         | 7/1/2022       | \$642.78 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS32CH       |          | Stetson School, Inc.         | 7/1/2022       | \$642.78 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS32CI       |          | Stetson School, Inc.         | 7/1/2022       | \$642.78 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth | PS32CJ       |          | Stetson School, Inc.         | 7/1/2022       | \$642.78 | Per diem |  |
| DCYF   | Residential Care                | POS Foster Care                | Residence Model Foster Care                     | PS36AA       |          | Communities for People, Inc. | 7/1/2022       | \$214.56 | Per diem |  |
| DCYF   | Residential Care                | POS Foster Care                | Residence Model Foster Care                     | PS36AD       |          | Communities for People, Inc. | 7/1/2022       | \$214.56 | Per diem |  |
| DCYF   | Residential Care                | POS Foster Care                | Residence Model Foster Care                     | PS36AF       |          | Communities for People, Inc. | 7/1/2022       | \$214.56 | Per diem |  |
| DCYF   | Residential Care                | POS Group Homes                | Group Home Treatment Placement                  | PS36AH       |          | Communities for People, Inc. | 7/1/2022       | \$469.68 | Per diem |  |



| State of Rhode Island<br>Office of the Health Insurance Commissioner<br>Department of Health Non-MMIS Expenditures and Users |                                 |                                     |   |              |          |                                    |                |            |          |  |
|--|---------------------------------|-------------------------------------|---|--------------|----------|------------------------------------|----------------|------------|----------|--|
| Service Subject Area   |                                 |                                     | Service Description                             |              |          |                                    | Reimbursement  |            |          |  |
| Agency   | Major Service Category          | Detailed Service Category           | Service Name                                    | Service Code | Modifier | Vendor                             | Effective Date | Rate       | Unit     |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS36AI       |          | Communities for People, Inc.       | 7/1/2022       | \$939.36   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS36AJ       |          | Communities for People, Inc.       | 7/1/2022       | \$469.68   | Per diem |  |
| DCYF   | Residential Care                | POS Foster Care                     | Residence Model Foster Care                     | PS36AK       |          | Communities for People, Inc.       | 7/1/2022       | \$214.56   | Per diem |  |
| DCYF   | Residential Care                | POS Foster Care                     | Residence Model Foster Care                     | PS36AL       |          | Communities for People, Inc.       | 7/1/2022       | \$214.56   | Per diem |  |
| DCYF   | Residential Care                | POS Foster Care                     | Residence Model Foster Care                     | PS36AM       |          | Communities for People, Inc.       | 7/1/2022       | \$214.56   | Per diem |  |
| DCYF   | Residential Care                | POS Foster Care                     | Residence Model Foster Care                     | PS36AN       |          | Communities for People, Inc.       | 7/1/2022       | \$214.56   | Per diem |  |
| DCYF   | Residential Care                | POS Foster Care                     | Residence Model Foster Care                     | PS36AO       |          | Communities for People, Inc.       | 7/1/2022       | \$244.60   | Per diem |  |
| DCYF   | Residential Care                | POS Assessment Stabilization Center | Group Home Treatment Placement                  | PS36AP       |          | Communities for People, Inc.       | 7/1/2022       | \$939.36   | Per diem |  |
| DCYF   | Residential Care                | POS Group Homes                     | Group Home Treatment Placement                  | PS36AQ       |          | Communities for People, Inc.       | 7/1/2022       | \$939.36   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS4CC        |          | Fall River Deaconess Home          | 7/1/2022       | \$606.30   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS4CI        |          | Fall River Deaconess Home          | 7/1/2022       | \$606.30   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS4CJ        |          | Fall River Deaconess Home          | 7/1/2022       | \$606.30   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS4CK        |          | Fall River Deaconess Home          | 7/1/2022       | \$606.30   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS4CL        |          | Fall River Deaconess Home          | 7/1/2022       | \$606.30   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS4CM        |          | Fall River Deaconess Home          | 7/1/2022       | \$606.30   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS4CO        |          | Fall River Deaconess Home          | 7/1/2022       | \$606.30   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS4CP        |          | Fall River Deaconess Home          | 7/1/2022       | \$606.30   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS4CQ        |          | Fall River Deaconess Home          | 7/1/2022       | \$606.30   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS4CR        |          | Fall River Deaconess Home          | 7/1/2022       | \$606.30   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS4CS        |          | Fall River Deaconess Home          | 7/1/2022       | \$606.30   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS4CU        |          | Fall River Deaconess Home          | 7/1/2022       | \$606.30   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS55BO       |          | Hillcrest Educational Centers Inc. | 7/1/2022       | \$1,067.59 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS55BS       |          | Hillcrest Educational Centers Inc. | 7/1/2022       | \$1,067.59 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS55BV       |          | Hillcrest Educational Centers Inc. | 7/1/2022       | \$1,067.59 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS55BW       |          | Hillcrest Educational Centers Inc. | 7/1/2022       | \$1,067.59 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS55BX       |          | Hillcrest Educational Centers Inc. | 7/1/2022       | \$1,067.59 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS55BY       |          | Hillcrest Educational Centers Inc. | 7/1/2022       | \$1,067.59 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS55BZ       |          | Hillcrest Educational Centers Inc. | 7/1/2022       | \$1,067.59 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS55CA       |          | Hillcrest Educational Centers Inc. | 7/1/2022       | \$1,067.59 | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS55CC       |          | Hillcrest Educational Centers Inc. | 7/1/2022       | \$819.95   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS55CD       |          | Hillcrest Educational Centers Inc. | 7/1/2022       | \$819.95   | Per diem |  |
| DCYF   | Residential Care - Out-of-State | High-End Residential Treatment      | Out-of-State Placement for High-End-Needs Youth | PS55CE       |          | Hillcrest Educational Centers Inc. | 7/1/2022       | \$1,067.59 | Per diem |  |

| State of Rhode Island<br>Office of the Health Insurance Commissioner<br>Department of Health Non-MMIS Expenditures and Users |                                   |                                |   |              |          |                                    |                |            |          |  |
|--|-----------------------------------|--------------------------------|---|--------------|----------|------------------------------------|----------------|------------|----------|--|
| Service Subject Area   |                                   |                                | Service Description   |              |          |                                    | Reimbursement  |            |          |  |
| Agency   | Major Service Category            | Detailed Service Category      | Service Name  | Service Code | Modifier | Vendor                             | Effective Date | Rate       | Unit     |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth                       | PS55CF       |          | Hillcrest Educational Centers Inc. | 7/1/2022       | \$819.95   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth                       | PS55CG       |          | Hillcrest Educational Centers Inc. | 7/1/2022       | \$819.95   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth                       | PS55CH       |          | Hillcrest Educational Centers Inc. | 7/1/2022       | \$819.95   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth                       | PS55CJ       |          | Hillcrest Educational Centers Inc. | 7/1/2022       | \$1,072.00 | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth                       | PS56E        |          | May Institute, Inc.                | 7/1/2022       | \$811.00   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth                       | PS57E        |          | Walker Home For Children Inc.      | 7/1/2022       | \$795.00   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth                       | PS57F        |          | Walker Home For Children Inc.      | 7/1/2022       | \$795.00   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth                       | PS57G        |          | Walker Home For Children Inc.      | 7/1/2022       | \$795.00   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth                       | PS57H        |          | Walker Home For Children Inc.      | 7/1/2022       | \$795.00   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth                       | PS57I        |          | Walker Home For Children Inc.      | 7/1/2022       | \$795.00   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth                       | PS67L        |          | The Home for Little Wanderers      | 7/1/2022       | \$700.06   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth                       | PS67M        |          | The Home for Little Wanderers      | 7/1/2022       | \$700.06   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth                       | PS67N        |          | The Home for Little Wanderers      | 7/1/2022       | \$657.06   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth                       | PS92AZ       |          | Whitney Academy Inc.               | 7/1/2022       | \$925.13   | Per diem |  |
| DCYF   | Residential Care - Out-of-State   | High-End Residential Treatment | Out-of-State Placement for High-End-Needs Youth                       | PS95D        |          | Learning Center for the Deaf Inc.  | 7/1/2022       | \$1,205.38 | Per diem |  |
| DCYF   | Residential Care                  | Group Homes                    | Group Home Treatment Placement  | RCC03        |          | Bradley Hospital                   | 7/1/2022       | \$661.54   | Per diem |  |
| DCYF   | Residential Care                  | Residential Treatment Center   | Juvenile Justice Focused Residential Treatment Center                 | RP3          |          | Ocean Tides, Inc.                  | 7/1/2022       | \$533.81   | Per diem |  |
| DCYF   | Residential Care                  | Residential Treatment Center   | Intensive Stabilization and Treatment                                 | RTC8A        |          | Harmony Hill School Inc.           | 7/1/2022       | \$665.00   | Per diem |  |
| DCYF   | Residential Care                  | Residential Treatment Center   | Intensive Stabilization and Treatment                                 | RTC8B        |          | Harmony Hill School Inc.           | 7/1/2022       | \$399.57   | Per diem |  |
| DCYF   | Residential Care                  | Residential Treatment Center   | Program for Sexually Abusive Adolescents                              | RTC8C        |          | Harmony Hill School Inc.           | 7/1/2022       | \$301.25   | Per diem |  |
| DCYF   | Residential Care                  | Residential Treatment Center   | General Treatment Unit  | RTC8D        |          | Harmony Hill School Inc.           | 7/1/2022       | \$266.19   | Per diem |  |
| DCYF   | Residential Care                  | Residential Treatment Center   | Intensive Stabilization and Treatment                                 | RTC8E        |          | Harmony Hill School Inc.           | 7/1/2022       | \$461.42   | Per diem |  |
| DCYF   | Residential Care                  | Group Homes                    | Hospital Diversion Program  | RTP2         |          | Jammat Housing & Comm Dev Ctr      | 7/1/2022       | \$453.03   | Per diem |  |
| DCYF   | Home and Community-Based Services | Safecare                       | SafeCare  | SC1          |          | Family Service of Rhode Island     | 7/1/2022       | \$39.31    | Per diem |  |
| DCYF   | Residential Care                  | Semi-Independent Living        | Intensive Supervised Community Living/Semi Independent Living Program | SI01         |          | Child & Family Services of Newport | 7/1/2022       | \$442.32   | Per diem |  |
| DCYF   | Residential Care                  | Semi-Independent Living        | Semi-Independent Living   | SI021        |          | NAFI Connecticut, Inc.             | 7/1/2022       | \$307.53   | Per diem |  |
| DCYF   | Residential Care                  | Semi-Independent Living        | Specialized Supported Living Program                                  | SI10         |          | Whitmarsh Corp                     | 7/1/2022       | \$329.24   | Per diem |  |
| DCYF   | Residential Care                  | Semi-Independent Living        | Bridge to Independent Living  | SI5          |          | Whitmarsh Corp                     | 7/1/2022       | \$258.01   | Per diem |  |
| DCYF   | Residential Care                  | Semi-Independent Living        | Bridge to Independent Living  | SI7          |          | Key Program, Inc.                  | 7/1/2022       | \$582.00   | Per diem |  |
| DCYF   | Residential Care                  | Semi-Independent Living        | Trauma Systems Therapy Residential                                    | SI9          |          | Family Service of Rhode Island     | 7/1/2022       | \$489.82   | Per diem |  |
| DCYF   | Residential Care                  | Group Homes                    | Group Home Treatment Placement  | SST04        |          | NAFI Connecticut, Inc.             | 7/1/2022       | \$550.00   | Per diem |  |
| DCYF   | Residential Care                  | Group Homes                    | Group Home Treatment Placement  | SST04F       |          | NAFI Connecticut, Inc.             | 7/1/2022       | \$550.00   | Per diem |  |



| State of Rhode Island<br>Office of the Health Insurance Commissioner<br>Department of Health Non-MMIS Expenditures and Users |                                   |                             |   |              |                |                                    |                |            |                |  |
|--|-----------------------------------|-----------------------------|---|--------------|----------------|------------------------------------|----------------|------------|----------------|--|
| Service Subject Area   |                                   |                             | Service Description                             |              |                |                                    | Reimbursement  |            |                |  |
| Agency   | Major Service Category            | Detailed Service Category   | Service Name                                    | Service Code | Modifier       | Vendor                             | Effective Date | Rate       | Unit           |  |
| DCYF   | Residential Care                  | Group Homes                 | Residential Treatment Staff Secure Program      | SST1         |                | Child & Family Services of Newport | 7/1/2022       | \$473.97   | Per diem       |  |
| DCYF   | Residential Care                  | Group Homes                 | Intensive Supervised Living                     | SST2         |                | Communities for People, Inc.       | 7/1/2022       | \$392.54   | Per diem       |  |
| DCYF   | Residential Care                  | Group Homes                 | Trauma Systems Therapy Residential              | SST3         |                | Family Service of Rhode Island     | 7/1/2022       | \$800.64   | Per diem       |  |
| DCYF   | Residential Care                  | Group Homes                 | Group Home Treatment Placement                  | SST7         |                | Community Solutions, Inc.          | 7/1/2022       | \$507.03   | Per diem       |  |
| DCYF   | Home and Community-Based Services | Special Populations Program | STAAR   | STAAR1       |                | St. Mary's Home for Children       | 7/1/2022       | \$110.94   | Per diem       |  |
| DCYF   | Home and Community-Based Services | Teen Act                    | Teen Assertive Community Treatment              | TACT         |                | Providence Center                  | 7/1/2022       | \$59.35    | Per diem       |  |
| DCYF   | Residential Care                  | Semi-Independent Living     | Transitional Treatment Program                  | TAP1         |                | Communities for People, Inc.       | 7/1/2022       | \$442.85   | Per diem       |  |
| DCYF   | Home and Community-Based Services | Triple P                    | Positive Parenting Program                      | TRI P        |                | Key Program, Inc.                  | 7/1/2022       | \$56.99    | Per diem       |  |
| DCYF   | Home and Community-Based Services | TST Community Based         | Trauma System Therapy Community                 | TST1         |                | Family Service of Rhode Island     | 7/1/2022       | \$98.04    | Per diem       |  |
| DCYF   | Home and Community-Based Services | Community Health Team       | Trauma Systems Therapy Community Health Team    | TSTCHT1      |                | Family Service of Rhode Island     | 7/1/2022       | \$190.09   | Per diem       |  |
| DCYF   | Home and Community-Based Services | Youth Advocate Program      | Youth Advocate Programs                         | YAP1         |                | Youth Advocate Program, Inc.       | 7/1/2022       | \$78.47    | Per diem       |  |
| DCYF   | Residential Care                  | Group Homes                 | Residential Care in Group Home                  |              | Exeter House   | Bradley Hospital                   | 7/1/2022       | \$571.00   | Per diem       |  |
| DCYF   | Residential Care                  | Group Homes                 | Residential Care in Group Home                  |              | Heritage House | Bradley Hospital                   | 7/1/2022       | \$580.00   | Per diem       |  |
| DCYF   | Residential Care                  | Group Homes                 | Residential Care in Group Home                  |              | Hill House     | Bradley Hospital                   | 7/1/2022       | \$703.00   | Per diem       |  |
| DCYF   | Residential Care                  | Group Homes                 | Residential Care in Group Home                  |              | Rumford House  | Bradley Hospital                   | 7/1/2022       | \$532.00   | Per diem       |  |
| DHS  | Vocational Rehabilitation         |                             | Evaluation - Vocational                         | 3010         |                |                                    | Not specified  | \$1,000.00 | Per diem       |  |
| DHS  | Vocational Rehabilitation         |                             | Evaluation - Individual Replacement             | 3011         |                |                                    | Not specified  | \$400.00   | Per evaluation |  |
| DHS  | Vocational Rehabilitation         |                             | Re-Entry-Vocations Eval                         | 3014         |                |                                    | Not specified  | \$200.00   | Per diem       |  |
| DHS  | Vocational Rehabilitation         |                             | Transcript Report (medical)                     | 3015         |                |                                    | Not specified  | \$10.00    | Not specified  |  |
| DHS  | Vocational Rehabilitation         |                             | Evaluation - Voc/sargent                        | 3017         |                |                                    | Not specified  | \$200.00   | Per diem       |  |
| DHS  | Vocational Rehabilitation         |                             | Dental Evaluation                               | 3020         |                |                                    | Not specified  | TBD        | Per evaluation |  |
| DHS  | Vocational Rehabilitation         |                             | Evaluation - Situational Assessment             | 3038         |                |                                    | Not specified  | \$75.00    | Per diem       |  |
| DHS  | Vocational Rehabilitation         |                             | SBVI-Situational Assessment                     | 3039         |                |                                    | Not specified  | \$150.00   | Not specified  |  |
| DHS  | Vocational Rehabilitation         |                             | D/HH (Situational Assessment)                   | 3041         |                |                                    | Not specified  | \$150.00   | Per diem       |  |
| DHS  | Vocational Rehabilitation         |                             | Evaluation - LD Assessment                      | 3052         |                |                                    | Not specified  | \$325.00   | Per 4 hours    |  |
| DHS  | Vocational Rehabilitation         |                             | Combined LD and Clinical Eval                   | 3056         |                |                                    | Not specified  | \$450.00   | Not specified  |  |
| DHS  | Vocational Rehabilitation         |                             | Eval - Adult Low Vision                         | 3071         |                |                                    | Not specified  | \$70.00    | Not specified  |  |
| DHS  | Vocational Rehabilitation         |                             | Evaluation - Vocational SBVI                    | 3072         |                |                                    | Not specified  | \$200.00   | Per diem       |  |
| DHS  | Vocational Rehabilitation         |                             | Assistive Tech - Assess-Aug (apprx. 10 hr test) | 3098         |                |                                    | Not specified  | \$1,050.00 | Per assessment |  |
| DHS  | Vocational Rehabilitation         |                             | Evaluation - Optometric w/refraction            | 3126         |                |                                    | Not specified  | \$65.00    | Not specified  |  |
| DHS  | Vocational Rehabilitation         |                             | Testing - Visual Field Test                     | 3128         |                |                                    | Not specified  | \$35.00    | Per test       |  |
| DHS  | Vocational Rehabilitation         |                             | Evaluation - Ophthalmologic                     | 3130         |                |                                    | Not specified  | \$95.00    | Per evaluation |  |
| DHS  | Vocational Rehabilitation         |                             | Evaluation - Otologic                           | 3145         |                |                                    | Not specified  | \$95.00    | Per evaluation |  |
| DHS  | Vocational Rehabilitation         |                             | Evaluation - Neuro-Psychological Assessment     | 3167         |                |                                    | Not specified  | \$375.00   | 5 hours        |  |
| DHS  | Vocational Rehabilitation         |                             | Evaluation - Neuro-Psychological Assessment     | 3167         |                |                                    | Not specified  | \$750.00   | 8 hours        |  |
| DHS  | Vocational Rehabilitation         |                             | Evaluation - Clinical (4 hr)                    | 3170         |                |                                    | Not specified  | \$300.00   | Per 4 hours    |  |
| DHS  | Vocational Rehabilitation         |                             | Evaluation - Speech                             | 3178         |                |                                    | Not specified  | \$100.00   | Per evaluation |  |
| DHS  | Vocational Rehabilitation         |                             | Testing - Individual IQ Test                    | 3184         |                |                                    | Not specified  | \$50.00    | Per evaluation |  |

| State of Rhode Island                                |                           |                           |  |              |          |        |                |            |                |
|--|---------------------------|---------------------------|--|--------------|----------|--------|----------------|------------|----------------|
| Office of the Health Insurance Commissioner          |                           |                           |  |              |          |        |                |            |                |
| Department of Health Non-MMIS Expenditures and Users |                           |                           |  |              |          |        |                |            |                |
| Service Subject Area                                 |                           |                           | Service Description                        |              |          |        | Reimbursement  |            |                |
| Agency   | Major Service Category    | Detailed Service Category | Service Name                               | Service Code | Modifier | Vendor | Effective Date | Rate       | Unit           |
| DHS  | Vocational Rehabilitation |                           | Evaluation - Vocational Appraisal          | 3186         |          |        | Not specified  | \$300.00   | Per 4 hours    |
| DHS  | Vocational Rehabilitation |                           | Full Audiological Evaluation               | 3211         |          |        | Not specified  | \$85.00    | Per evaluation |
| DHS  | Vocational Rehabilitation |                           | Hearing - Audiogram                        | 3254         |          |        | Not specified  | \$150.00   | Not specified  |
| DHS  | Vocational Rehabilitation |                           | ILS -Daily Living Skills Assessment        | 3302         |          |        | Not specified  | \$350.00   | Per evaluation |
| DHS  | Vocational Rehabilitation |                           | ILS - Home Accessibility Assessment        | 3308         |          |        | Not specified  | \$140.00   | Per evaluation |
| DHS  | Vocational Rehabilitation |                           | D/HH (Vocational Eval)                     | 3444         |          |        | Not specified  | \$200.00   | Per diem       |
| DHS  | Vocational Rehabilitation |                           | Laboratory/Medical Tests (NEC)             | 3500         |          |        | Not specified  | \$381.00   | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Evaluation - Functional Capacity           | 3525         |          |        | Not specified  | \$450.00   | Per evaluation |
| DHS  | Vocational Rehabilitation |                           | Benefits Planning                          | 3531         |          |        | Not specified  | \$360.00   | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Summer Work                                | 3533         |          |        | Not specified  | \$1,600.00 | Not specified  |
| DHS  | Vocational Rehabilitation |                           | RI Works Program                           | 3801         |          |        | Not specified  | \$750.00   | Not specified  |
| DHS  | Vocational Rehabilitation |                           | RIWP (Employment Training)                 | 3807         |          |        | Not specified  | \$1.00     | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Interpreter Services - Mileage             | 3906         |          |        | Not specified  | IRS Rate   | Not specified  |
| DHS  | Vocational Rehabilitation |                           | State Agency Fees                          | 3996         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Therapy - Occupational                     | 4040         |          |        | Not specified  | \$50.00    | Per hour       |
| DHS  | Vocational Rehabilitation |                           | Therapy - Speech                           | 4045         |          |        | Not specified  | \$50.00    | Per session    |
| DHS  | Vocational Rehabilitation |                           | Medication                                 | 4053         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Uniforms/Work Clothing/Shoes               | 4099         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Dental Treatment                           | 4150         |          |        | Not specified  | \$1,000.00 | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Therapy - Mental Health Counseling         | 4445         |          |        | Not specified  | \$150.00   | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Treatment (NEC)                            | 4999         |          |        | Not specified  | \$599.64   | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Rehabilitation Technology Consultation     | 5000         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Hearing Aid Assessment                     | 5005         |          |        | Not specified  | \$75.00    | Per evaluation |
| DHS  | Vocational Rehabilitation |                           | Hearing Aid                                | 5010         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Hearing Aid Ear Mold                       | 5015         |          |        | Not specified  | \$68.00    | Each           |
| DHS  | Vocational Rehabilitation |                           | Assistive Tech - Low Vision Equipment      | 5072         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Eyewear - Lenses                           | 5105         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Assistive Tech - Prosthesis                | 5125         |          |        | Not specified  | \$720.00   | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Assistive Tech - Aids to Daily Living      | 5200         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Modification - Hand Controls               | 5210         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Assistive Tech - Wheelchair                | 5250         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Assistive Tech - Lift Chair                | 5251         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Computer Hardware/Priner over \$499.99     | 5270         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Computer Hardware/Priner over \$499.99     | 5271         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Computer Accessories                       | 5273         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Assistive Tech - Computer Software         | 5275         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Assistive Tech - Equipment (not computers) | 5276         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Dentures                                   | 5300         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Vocational - Tools                         | 5600         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Test/Fees/License/Certif-For Occupation    | 5602         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Medical Equipment (NEC)                    | 5999         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Training - Degree 4 yr Tuition             | 6002         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Training - Degree Fee                      | 6004         |          |        | Not specified  | Various    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Training - Room/Board-Non Degree/Occup     | 6009         |          |        | Not specified  | Various    | Not specified  |

| State of Rhode Island<br>Office of the Health Insurance Commissioner<br>Department of Health Non-MMIS Expenditures and Users |                           |                           |   |              |          |        |                |      |             |                |
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| Service Subject Area   |                           |                           | Service Description   |              |          |        | Reimbursement  |      |             |                |
| Agency   | Major Service Category    | Detailed Service Category | Service Name  | Service Code | Modifier | Vendor | Effective Date | Rate | Unit        |                |
| DHS  | Vocational Rehabilitation |                           | Training - Room/Board - Degree<br>4 yr                                  | 6010         |          |        | Not specified  |      | Various     | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Training - Non-<br>Degree/Occupation                                    | 6011         |          |        | Not specified  |      | \$3,000.00  | Not specified  |
| DHS  | Vocational Rehabilitation |                           | LD-Accommodation Forms L-15<br>or SA-001                                | 6015         |          |        | Not specified  |      | \$325.00    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Training - Graduation Fee   | 6018         |          |        | Not specified  |      | Various     | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Rehab Training Program for<br>SBVI, DEAF,TBI                            | 6029         |          |        | Not specified  |      | Various     | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Work Preparation - Sargent<br>Center                                    | 6030         |          |        | Not specified  |      | \$8,000.00  | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Job Placement (Non SE)  | 6131         |          |        | Not specified  |      | \$800.00    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Training/Course/GED/Remedial<br>Literacy                                | 6036         |          |        | Not specified  |      | \$35.00     | Per hour       |
| DHS  | Vocational Rehabilitation |                           | Books/Educ. Supply-Non Degree<br>(not computer)                         | 6040         |          |        | Not specified  |      | Various     | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Training/Degree/Books/Supplies  | 6042         |          |        | Not specified  |      | Various     | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Transition Academy  | 6046         |          |        | Not specified  |      | \$4,500.00  | Per year       |
| DHS  | Vocational Rehabilitation |                           | Orientation/Mobility Stat 12>   | 6081         |          |        | Not specified  |      | Various     | Not specified  |
| DHS  | Vocational Rehabilitation |                           | D/HH (Work Prep)  | 6093         |          |        | Not specified  |      | \$4,900.00  | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Job Retention (Non SE)  | 6097         |          |        | Not specified  |      | \$800.00    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Training - Tutoring   | 6098         |          |        | Not specified  |      | \$30.00     | Per hour       |
| DHS  | Vocational Rehabilitation |                           | On the Job Training   | 6102         |          |        | Not specified  |      | \$200.00    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Job Coaching - Time Limited<br>(Non SE) (\$25per hour/\$100<br>initial) | 6116         |          |        | Not specified  |      | \$100.00    | Per initiation |
| DHS  | Vocational Rehabilitation |                           | Job Coaching - Time Limited<br>(Non SE) (\$25per hour/\$100<br>initial) | 6116         |          |        | Not specified  |      | \$25.00     | Per hour       |
| DHS  | Vocational Rehabilitation |                           | Assistive Tech - Professional<br>Consult                                | 6121         |          |        | Not specified  |      | Various     | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Job Development (Non SE)  | 6130         |          |        | Not specified  |      | \$200.00    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Job Placement (Non SE)  | 6131         |          |        | Not specified  |      | \$400/\$800 | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Externship  | 6206         |          |        | Not specified  |      | \$1,350.00  | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Externship (Job Placement)  | 6207         |          |        | Not specified  |      | \$650.00    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Staff In Service Books/Supplies   | 6517         |          |        | Not specified  |      | Various     | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Staff In Service Training   | 6519         |          |        | Not specified  |      | Various     | Not specified  |
| DHS  | Vocational Rehabilitation |                           | SBVI-Independently Daily Living<br>Skills                               | 6802         |          |        | Not specified  |      | \$120.00    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Transportation  | 7100         |          |        | Not specified  |      | Various     | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Travel Training   | 7110         |          |        | Not specified  |      | \$300.00    | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Driving Training - Vehicle  | 7121         |          |        | Not specified  |      | Various     | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Driving Evaluation  | 7122         |          |        | Not specified  |      | Various     | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Modification - Home   | 9006         |          |        | Not specified  |      | Various     | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Modification Vehicle  | 9007         |          |        | Not specified  |      | Various     | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Rehab Engineer-Vehicle<br>Modifications                                 | 9011         |          |        | Not specified  |      | Various     | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Interpreting Services - Foreign<br>(based on MPA)                       | 9200         |          |        | Not specified  |      | \$50-\$60   | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Interpreting Services - Deaf (sign<br>Language) (MPA)                   | 9202         |          |        | Not specified  |      | \$57.00     | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Personal Asst./Reader/Scrib   | 9205         |          |        | Not specified  |      | Various     | Not specified  |
| DHS  | Vocational Rehabilitation |                           | Child Care  | 9300         |          |        | Not specified  |      | Various     | Not specified  |
| DHS  | Vocational Rehabilitation |                           | PCA - Personal Care Attendent   | 9400         |          |        | Not specified  |      | Various     | Per hour       |
| DHS  | Vocational Rehabilitation |                           | SBE-Equipment Other than<br>Computers                                   | 9603         |          |        | Not specified  |      | Various     | Not specified  |

| State of Rhode Island                                |                           |   |                               |              |                                 |        |                |          |                       |  |
|--|---------------------------|---|-------------------------------|--------------|---------------------------------|--------|----------------|----------|-----------------------|--|
| Office of the Health Insurance Commissioner          |                           |   |                               |              |                                 |        |                |          |                       |  |
| Department of Health Non-MMIS Expenditures and Users |                           |   |                               |              |                                 |        |                |          |                       |  |
| Service Subject Area                                 |                           |   | Service Description           |              |                                 |        | Reimbursement  |          |                       |  |
| Agency   | Major Service Category    | Detailed Service Category               | Service Name                  | Service Code | Modifier                        | Vendor | Effective Date | Rate     | Unit                  |  |
| DHS  | Vocational Rehabilitation |   | Personal Appearance/Grooming  | 9605         |                                 |        | Not specified  |          | Various Not specified |  |
| DHS  | Vocational Rehabilitation |   | Client Reimbursements         | 9990         |                                 |        | Not specified  |          | Various Not specified |  |
| DHS  | Vocational Rehabilitation |   | WB Mason Supplies for Clients | 9992         |                                 |        | Not specified  |          | Various Not specified |  |
| DHS  | Vocational Rehabilitation |   | Miscellaneous (NEC)           | 9999         |                                 |        | Not specified  |          | Various Not specified |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Full Time                     |              | Infant/Toddler - Star Rating: 1 |        | 6/27/2022      | \$265.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Full Time                     |              | Infant/Toddler - Star Rating: 2 |        | 6/27/2022      | \$270.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Full Time                     |              | Infant/Toddler - Star Rating: 3 |        | 6/27/2022      | \$282.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Full Time                     |              | Infant/Toddler - Star Rating: 4 |        | 6/27/2022      | \$289.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Full Time                     |              | Infant/Toddler - Star Rating: 5 |        | 6/27/2022      | \$300.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Full Time                     |              | Preschool - Star Rating: 1      |        | 6/27/2022      | \$225.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Full Time                     |              | Preschool - Star Rating: 2      |        | 6/27/2022      | \$235.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Full Time                     |              | Preschool - Star Rating: 3      |        | 6/27/2022      | \$243.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Full Time                     |              | Preschool - Star Rating: 4      |        | 6/27/2022      | \$250.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Full Time                     |              | Preschool - Star Rating: 5      |        | 6/27/2022      | \$260.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Full Time                     |              | School Age - Star Rating: 1     |        | 6/27/2022      | \$200.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Full Time                     |              | School Age - Star Rating: 2     |        | 6/27/2022      | \$205.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Full Time                     |              | School Age - Star Rating: 3     |        | 6/27/2022      | \$220.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Full Time                     |              | School Age - Star Rating: 4     |        | 6/27/2022      | \$238.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Full Time                     |              | School Age - Star Rating: 5     |        | 6/27/2022      | \$250.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Half Time                     |              | Infant/Toddler - Star Rating: 1 |        | 6/27/2022      | \$132.50 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Half Time                     |              | Infant/Toddler - Star Rating: 2 |        | 6/27/2022      | \$135.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Half Time                     |              | Infant/Toddler - Star Rating: 3 |        | 6/27/2022      | \$141.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Half Time                     |              | Infant/Toddler - Star Rating: 4 |        | 6/27/2022      | \$144.50 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Half Time                     |              | Infant/Toddler - Star Rating: 5 |        | 6/27/2022      | \$150.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Half Time                     |              | Preschool - Star Rating: 1      |        | 6/27/2022      | \$112.50 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Half Time                     |              | Preschool - Star Rating: 2      |        | 6/27/2022      | \$117.50 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Half Time                     |              | Preschool - Star Rating: 3      |        | 6/27/2022      | \$121.50 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Half Time                     |              | Preschool - Star Rating: 4      |        | 6/27/2022      | \$125.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Half Time                     |              | Preschool - Star Rating: 5      |        | 6/27/2022      | \$130.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Half Time                     |              | School Age - Star Rating: 1     |        | 6/27/2022      | \$100.00 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Half Time                     |              | School Age - Star Rating: 2     |        | 6/27/2022      | \$102.50 | Per Week              |  |
| DHS  | Child Care                | Licensed Center Child Care Weekly Rates | Half Time                     |              | School Age - Star Rating: 3     |        | 6/27/2022      | \$110.00 | Per Week              |  |

| State of Rhode Island<br>Office of the Health Insurance Commissioner<br>Department of Health Non-MMIS Expenditures and Users |                        |   |                     |              |                                 |        |                |          |          |
|--|------------------------|---|---------------------|--------------|---------------------------------|--------|----------------|----------|----------|
| Service Subject Area   |                        |   | Service Description |              |                                 |        | Reimbursement  |          |          |
| Agency   | Major Service Category | Detailed Service Category               | Service Name        | Service Code | Modifier                        | Vendor | Effective Date | Rate     | Unit     |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Half Time           |              | School Age - Star Rating: 4     |        | 6/27/2022      | \$119.00 | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Half Time           |              | School Age - Star Rating: 5     |        | 6/27/2022      | \$125.00 | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Quarter Time        |              | Infant/Toddler - Star Rating: 1 |        | 6/27/2022      | \$66.25  | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Quarter Time        |              | Infant/Toddler - Star Rating: 2 |        | 6/27/2022      | \$67.50  | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Quarter Time        |              | Infant/Toddler - Star Rating: 3 |        | 6/27/2022      | \$70.50  | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Quarter Time        |              | Infant/Toddler - Star Rating: 4 |        | 6/27/2022      | \$72.25  | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Quarter Time        |              | Infant/Toddler - Star Rating: 5 |        | 6/27/2022      | \$75.00  | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Quarter Time        |              | Preschool - Star Rating: 1      |        | 6/27/2022      | \$56.25  | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Quarter Time        |              | Preschool - Star Rating: 2      |        | 6/27/2022      | \$58.75  | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Quarter Time        |              | Preschool - Star Rating: 3      |        | 6/27/2022      | \$60.75  | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Quarter Time        |              | Preschool - Star Rating: 4      |        | 6/27/2022      | \$62.50  | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Quarter Time        |              | Preschool - Star Rating: 5      |        | 6/27/2022      | \$65.00  | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Quarter Time        |              | School Age - Star Rating: 1     |        | 6/27/2022      | \$50.00  | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Quarter Time        |              | School Age - Star Rating: 2     |        | 6/27/2022      | \$51.25  | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Quarter Time        |              | School Age - Star Rating: 3     |        | 6/27/2022      | \$55.00  | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Quarter Time        |              | School Age - Star Rating: 4     |        | 6/27/2022      | \$59.50  | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Quarter Time        |              | School Age - Star Rating: 5     |        | 6/27/2022      | \$62.50  | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Three-Quarter Time  |              | Infant/Toddler - Star Rating: 1 |        | 6/27/2022      | \$198.75 | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Three-Quarter Time  |              | Infant/Toddler - Star Rating: 2 |        | 6/27/2022      | \$202.50 | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Three-Quarter Time  |              | Infant/Toddler - Star Rating: 3 |        | 6/27/2022      | \$211.50 | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Three-Quarter Time  |              | Infant/Toddler - Star Rating: 4 |        | 6/27/2022      | \$216.75 | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Three-Quarter Time  |              | Infant/Toddler - Star Rating: 5 |        | 6/27/2022      | \$225.00 | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Three-Quarter Time  |              | Preschool - Star Rating: 1      |        | 6/27/2022      | \$168.75 | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Three-Quarter Time  |              | Preschool - Star Rating: 2      |        | 6/27/2022      | \$176.25 | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Three-Quarter Time  |              | Preschool - Star Rating: 3      |        | 6/27/2022      | \$182.25 | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Three-Quarter Time  |              | Preschool - Star Rating: 4      |        | 6/27/2022      | \$187.50 | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Three-Quarter Time  |              | Preschool - Star Rating: 5      |        | 6/27/2022      | \$195.00 | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Three-Quarter Time  |              | School Age - Star Rating: 1     |        | 6/27/2022      | \$150.00 | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Three-Quarter Time  |              | School Age - Star Rating: 2     |        | 6/27/2022      | \$153.75 | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Three-Quarter Time  |              | School Age - Star Rating: 3     |        | 6/27/2022      | \$165.00 | Per Week |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Three-Quarter Time  |              | School Age - Star Rating: 4     |        | 6/27/2022      | \$178.50 | Per Week |

| State of Rhode Island<br>Office of the Health Insurance Commissioner<br>Department of Health Non-MMIS Expenditures and Users |                        |   |                     |              |          |                                 |                |          |          |
|--|------------------------|---|---------------------|--------------|----------|---------------------------------|----------------|----------|----------|
| Service Subject Area   |                        |   | Service Description |              |          |                                 | Reimbursement  |          |          |
| Agency   | Major Service Category | Detailed Service Category               | Service Name        | Service Code | Modifier | Vendor                          | Effective Date | Rate     | Unit     |
| DHS  | Child Care             | Licensed Center Child Care Weekly Rates | Three-Quarter Time  |              |          | School Age - Star Rating: 5     | 6/27/2022      | \$187.50 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Full Time           |              |          | Infant/Toddler - Star Rating: 1 | 6/27/2022      | \$256.25 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Full Time           |              |          | Infant/Toddler - Star Rating: 2 | 6/27/2022      | \$260.35 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Full Time           |              |          | Infant/Toddler - Star Rating: 3 | 6/27/2022      | \$263.43 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Full Time           |              |          | Infant/Toddler - Star Rating: 4 | 6/27/2022      | \$266.50 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Full Time           |              |          | Infant/Toddler - Star Rating: 5 | 6/27/2022      | \$269.57 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Full Time           |              |          | Preschool - Star Rating: 1      | 6/27/2022      | \$215.25 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Full Time           |              |          | Preschool - Star Rating: 2      | 6/27/2022      | \$225.50 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Full Time           |              |          | Preschool - Star Rating: 3      | 6/27/2022      | \$233.70 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Full Time           |              |          | Preschool - Star Rating: 4      | 6/27/2022      | \$244.98 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Full Time           |              |          | Preschool - Star Rating: 5      | 6/27/2022      | \$256.25 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Full Time           |              |          | School Age - Star Rating: 1     | 6/27/2022      | \$189.63 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Full Time           |              |          | School Age - Star Rating: 2     | 6/27/2022      | \$194.75 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Full Time           |              |          | School Age - Star Rating: 3     | 6/27/2022      | \$210.13 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Full Time           |              |          | School Age - Star Rating: 4     | 6/27/2022      | \$230.63 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Full Time           |              |          | School Age - Star Rating: 5     | 6/27/2022      | \$240.88 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Half Time           |              |          | Infant/Toddler - Star Rating: 1 | 6/27/2022      | \$128.13 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Half Time           |              |          | Infant/Toddler - Star Rating: 2 | 6/27/2022      | \$130.18 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Half Time           |              |          | Infant/Toddler - Star Rating: 3 | 6/27/2022      | \$131.72 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Half Time           |              |          | Infant/Toddler - Star Rating: 4 | 6/27/2022      | \$133.25 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Half Time           |              |          | Infant/Toddler - Star Rating: 5 | 6/27/2022      | \$134.79 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Half Time           |              |          | Preschool - Star Rating: 1      | 6/27/2022      | \$107.63 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Half Time           |              |          | Preschool - Star Rating: 2      | 6/27/2022      | \$112.75 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Half Time           |              |          | Preschool - Star Rating: 3      | 6/27/2022      | \$116.85 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Half Time           |              |          | Preschool - Star Rating: 4      | 6/27/2022      | \$122.49 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Half Time           |              |          | Preschool - Star Rating: 5      | 6/27/2022      | \$128.13 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Half Time           |              |          | School Age - Star Rating: 1     | 6/27/2022      | \$94.82  | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Half Time           |              |          | School Age - Star Rating: 2     | 6/27/2022      | \$97.38  | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Half Time           |              |          | School Age - Star Rating: 3     | 6/27/2022      | \$105.07 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Half Time           |              |          | School Age - Star Rating: 4     | 6/27/2022      | \$115.32 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Half Time           |              |          | School Age - Star Rating: 5     | 6/27/2022      | \$120.44 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Quarter Time        |              |          | Infant/Toddler - Star Rating: 1 | 6/27/2022      | \$64.06  | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Quarter Time        |              |          | Infant/Toddler - Star Rating: 2 | 6/27/2022      | \$65.09  | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Quarter Time        |              |          | Infant/Toddler - Star Rating: 3 | 6/27/2022      | \$65.86  | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Quarter Time        |              |          | Infant/Toddler - Star Rating: 4 | 6/27/2022      | \$66.63  | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Quarter Time        |              |          | Infant/Toddler - Star Rating: 5 | 6/27/2022      | \$67.39  | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Quarter Time        |              |          | Preschool - Star Rating: 1      | 6/27/2022      | \$53.81  | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Quarter Time        |              |          | Preschool - Star Rating: 2      | 6/27/2022      | \$56.38  | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Quarter Time        |              |          | Preschool - Star Rating: 3      | 6/27/2022      | \$58.43  | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Quarter Time        |              |          | Preschool - Star Rating: 4      | 6/27/2022      | \$61.25  | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Quarter Time        |              |          | Preschool - Star Rating: 5      | 6/27/2022      | \$64.06  | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Quarter Time        |              |          | School Age - Star Rating: 1     | 6/27/2022      | \$47.41  | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Quarter Time        |              |          | School Age - Star Rating: 2     | 6/27/2022      | \$48.69  | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Quarter Time        |              |          | School Age - Star Rating: 3     | 6/27/2022      | \$52.53  | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Quarter Time        |              |          | School Age - Star Rating: 4     | 6/27/2022      | \$57.66  | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Quarter Time        |              |          | School Age - Star Rating: 5     | 6/27/2022      | \$60.22  | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Three-Quarter Time  |              |          | Infant/Toddler - Star Rating: 1 | 6/27/2022      | \$192.19 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Three-Quarter Time  |              |          | Infant/Toddler - Star Rating: 2 | 6/27/2022      | \$195.26 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Three-Quarter Time  |              |          | Infant/Toddler - Star Rating: 3 | 6/27/2022      | \$197.57 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Three-Quarter Time  |              |          | Infant/Toddler - Star Rating: 4 | 6/27/2022      | \$199.88 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Three-Quarter Time  |              |          | Infant/Toddler - Star Rating: 5 | 6/27/2022      | \$202.18 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Three-Quarter Time  |              |          | Preschool - Star Rating: 1      | 6/27/2022      | \$161.44 | Per Week |
| DHS  | Child Care             | Rates For Family Care Providers         | Three-Quarter Time  |              |          | Preschool - Star Rating: 2      | 6/27/2022      | \$169.13 | Per Week |



| State of Rhode Island<br>Office of the Health Insurance Commissioner<br>Department of Health Non-MMIS Expenditures and Users |                        |  |   |                    |                             |                          |                |   |                                     |
|--|------------------------|--|---|--------------------|-----------------------------|--------------------------|----------------|---|-------------------------------------|
| Service Subject Area   |                        |  | Service Description   |                    |                             |                          | Reimbursement  |   |                                     |
| Agency   | Major Service Category | Detailed Service Category                  | Service Name  | Service Code       | Modifier                    | Vendor                   | Effective Date | Rate                                      | Unit                                |
| DHS  | Child Care             | Rates For Family Care Providers            | Three-Quarter Time  |                    | Preschool - Star Rating: 3  |                          | 6/27/2022      | \$175.28                                  | Per Week                            |
| DHS  | Child Care             | Rates For Family Care Providers            | Three-Quarter Time  |                    | Preschool - Star Rating: 4  |                          | 6/27/2022      | \$183.74                                  | Per Week                            |
| DHS  | Child Care             | Rates For Family Care Providers            | Three-Quarter Time  |                    | Preschool - Star Rating: 5  |                          | 6/27/2022      | \$192.19                                  | Per Week                            |
| DHS  | Child Care             | Rates For Family Care Providers            | Three-Quarter Time  |                    | School Age - Star Rating: 1 |                          | 6/27/2022      | \$142.22                                  | Per Week                            |
| DHS  | Child Care             | Rates For Family Care Providers            | Three-Quarter Time  |                    | School Age - Star Rating: 2 |                          | 6/27/2022      | \$146.06                                  | Per Week                            |
| DHS  | Child Care             | Rates For Family Care Providers            | Three-Quarter Time  |                    | School Age - Star Rating: 3 |                          | 6/27/2022      | \$157.60                                  | Per Week                            |
| DHS  | Child Care             | Rates For Family Care Providers            | Three-Quarter Time  |                    | School Age - Star Rating: 4 |                          | 6/27/2022      | \$172.97                                  | Per Week                            |
| DHS  | Child Care             | Rates For Family Care Providers            | Three-Quarter Time  |                    | School Age - Star Rating: 5 |                          | 6/27/2022      | \$180.66                                  | Per Week                            |
| DOH  | Tobacco Quit Line      | Standard Nicotine Helpline Services        | General Inquiry Calls   |                    |                             |                          | 7/1/2023       | \$14.00                                   | Per call                            |
| DOH  | Tobacco Quit Line      | Standard Nicotine Helpline Services        | Intake Calls  |                    |                             |                          | 7/1/2023       | \$30.00                                   | Per call                            |
| DOH  | Tobacco Quit Line      | Standard Nicotine Helpline Services        | Standard Coaching Call 1  |                    |                             |                          | 7/1/2023       | \$38.00                                   | Per call                            |
| DOH  | Tobacco Quit Line      | Standard Nicotine Helpline Services        | Standard Coaching Call 2+   |                    |                             |                          | 7/1/2023       | \$34.00                                   | Per call                            |
| DOH  | Tobacco Quit Line      | Standard Nicotine Helpline Services        | Text to Order NRT   |                    |                             |                          | 7/1/2023       | \$20.00                                   | Per order                           |
| DOH  | Tobacco Quit Line      | Standard Nicotine Helpline Services        | Text Enhancement Program  |                    |                             |                          | 7/1/2023       | \$5.00                                    | Per enrollment                      |
| DOH  | Tobacco Quit Line      | Pregnancy and Post-Partum Program          | Coaching Call 1 Incremental Cost                                      |                    |                             |                          | 7/1/2023       | \$8.00                                    | Per call                            |
| DOH  | Tobacco Quit Line      | Pregnancy and Post-Partum Program          | Coaching Calls 2-9 Incremental Cost                                   |                    |                             |                          | 7/1/2023       | \$8.00                                    | Per call                            |
| DOH  | Tobacco Quit Line      | Pregnancy and Post-Partum Program          | Incentives (Calls 1-5)  |                    |                             |                          | 7/1/2023       | \$23.00                                   | Per call                            |
| DOH  | Tobacco Quit Line      | Pregnancy and Post-Partum Program          | Incentives (Calls 6-9)  |                    |                             |                          | 7/1/2023       | \$33.00                                   | Per call                            |
| DOH  | Tobacco Quit Line      | American Indian Commercial Tobacco Program | Specialized Treatment Protocol Incremental Cost                       |                    |                             |                          | 7/1/2023       | \$8.00                                    | Per call                            |
| DOH  | Tobacco Quit Line      | Behavioral Health Program                  | Specialized Treatment Protocol Incremental Cost                       |                    |                             |                          | 7/1/2023       | \$8.00                                    | Per call                            |
| DOH  | Tobacco Quit Line      | Menthol Program                            | Incentive Calls 1   |                    |                             |                          | 7/1/2023       | \$13.00                                   | Per call                            |
| DOH  | Tobacco Quit Line      | Menthol Program                            | Incentive Calls 2   |                    |                             |                          | 7/1/2023       | \$18.00                                   | Per call                            |
| DOH  | Tobacco Quit Line      | Menthol Program                            | Incentive Calls 3   |                    |                             |                          | 7/1/2023       | \$28.00                                   | Per call                            |
| DOH  | Tobacco Quit Line      | Additional Services                        | Evaluation Surveys  |                    |                             |                          | 7/1/2023       | \$42.00                                   | Per completed survey                |
| DOH  | Tobacco Quit Line      | Nicotine Replacement Therapy               | Patches (2 week supply)   |                    |                             |                          | 1/1/2024       | \$36.00                                   | Per 2 week supply                   |
| DOH  | Tobacco Quit Line      | Nicotine Replacement Therapy               | Gum (2 week supply)   |                    |                             |                          | 1/1/2024       | \$37.00                                   | Per 2 week supply                   |
| DOH  | Tobacco Quit Line      | Nicotine Replacement Therapy               | Lozenges (2 week supply)  |                    |                             |                          | 1/1/2024       | \$40.00                                   | Per 2 week supply                   |
| DOH  | Tobacco Quit Line      | Nicotine Replacement Therapy               | Patches (4 week supply)   |                    |                             |                          | 1/1/2024       | \$56.00                                   | Per 4 week supply                   |
| DOH  | Tobacco Quit Line      | Nicotine Replacement Therapy               | Gum (4 week supply)   |                    |                             |                          | 1/1/2024       | \$62.00                                   | Per 4 week supply                   |
| DOH  | Tobacco Quit Line      | Nicotine Replacement Therapy               | Lozenges (4 week supply)  |                    |                             |                          | 1/1/2024       | \$68.00                                   | Per 4 week supply                   |
| DOH  | Tobacco Quit Line      | Nicotine Replacement Therapy               | Combination Patch with gum  |                    |                             |                          | 1/1/2024       | \$72.00                                   | Per 2 week patch and 2 week gum     |
| DOH  | Tobacco Quit Line      | Nicotine Replacement Therapy               | Combination patch with lozenge  |                    |                             |                          | 1/1/2024       | \$78.00                                   | Per 2 week patch and 2 week lozenge |
| OHA  | Aging Service Programs | CareBreaks                                 | Home Care   | Basic              |                             | Catholic Social Services | Not specified  | \$20.00                                   | Per hour                            |
| OHA  | Aging Service Programs | CareBreaks                                 | Home Care   | Enhanced           |                             | Catholic Social Services | Not specified  | \$22.00                                   | Per hour                            |
| OHA  | Aging Service Programs | CareBreaks                                 | Adult Day Care  | Basic Level 0-2    |                             | Catholic Social Services | Not specified  | \$45.00                                   | Per diem                            |
| OHA  | Aging Service Programs | CareBreaks                                 | Adult Day Care  | Enhanced Level 0-2 |                             | Catholic Social Services | Not specified  | \$65.00                                   | Per diem                            |
| OHA  | Aging Service Programs | CareBreaks                                 | Adult Day Care  | Level 3            |                             | Catholic Social Services | Not specified  | 100% of Center Rate                       | Per diem                            |
| OHA  | Aging Service Programs | CareBreaks                                 | Adult Day Care  | Level 4            |                             | Catholic Social Services | Not specified  | 100% of Center Rate                       | Per diem                            |
| OHA  | Aging Service Programs | CareBreaks                                 | Nursing Facility & Assisted Living Facility (planned respite) Level 0 |                    |                             | Catholic Social Services | Not specified  | 100% of Facility Rate                     | Per diem                            |
| OHA  | Aging Service Programs | CareBreaks                                 | Nursing Facility & Assisted Living Facility (planned respite) Level 1 |                    |                             | Catholic Social Services | Not specified  | 75% of facility cost, up to \$175/day max | Per diem                            |
| OHA  | Aging Service Programs | CareBreaks                                 | Nursing Facility & Assisted Living Facility (planned respite) Level 2 |                    |                             | Catholic Social Services | Not specified  | 75% of facility cost, up to \$150/day max | Per diem                            |

| State of Rhode Island<br>Office of the Health Insurance Commissioner<br>Department of Health Non-MMIS Expenditures and Users |                        |                           |   |              |          |                          |                |   |           |  |
|--|------------------------|---------------------------|---|--------------|----------|--------------------------|----------------|---|-----------|--|
| Service Subject Area   |                        |                           | Service Description   |              |          |                          | Reimbursement  |   |           |  |
| Agency   | Major Service Category | Detailed Service Category | Service Name  | Service Code | Modifier | Vendor                   | Effective Date | Rate                                      | Unit      |  |
| OHA  | Aging Service Programs | CareBreaks                | Nursing Facility & Assisted Living Facility (planned respite) Level 3 |              |          | Catholic Social Services | Not specified  | 75% of facility cost, up to \$125/day max | Per diem  |  |
| OHA  | Aging Service Programs | CareBreaks                | Nursing Facility & Assisted Living Facility (planned respite) Level 4 |              |          | Catholic Social Services | Not specified  | 50% of facility cost, up to \$100/day max | Per diem  |  |
| OHA  | Aging Service Programs | CareBreaks                | Emergency (APS/OHA)   |              |          |                          | 11/15/2022     | \$300.00                                  | Per night |  |

Notes:

1. Service rates and effective dates for Non-MMIS services provided through a data request to Rhode Island state agencies.



## Appendix 3: Mapping of Provider Code to Service Category

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

| Major Service Category                             | Detailed Service Category                     | Billing Provider Code | Billing Provider Code Description         |
|--|---|-----------------------|---|
| Behavioral Health Providers                        | BHDDH Behavioral Health Group                 | 066                   | BHDDH Behavioral Health Group             |
| Behavioral Health Providers                        | Children's Behavioral Health Group            | 047                   | Children's Behavioral Health Group        |
| Behavioral Health Providers                        | CMHC - ACT                                    | 061                   | CMHC/Rehab Option                         |
| Behavioral Health Providers                        | CMHC - IHH                                    | 061                   | CMHC/Rehab Option                         |
| Behavioral Health Providers                        | CMHC - MHPRR                                  | 061                   | CMHC/Rehab Option                         |
| Behavioral Health Providers                        | CMHC - Other                                  | 061                   | CMHC/Rehab Option                         |
| Behavioral Health Providers                        | Emergency Behavioral Health Service           | 111                   | Emergency Behavioral Health Service       |
| Behavioral Health Providers                        | Licensed Therapist                            | 017                   | Licensed Therapist                        |
| Behavioral Health Providers                        | Other Therapies                               | 073                   | Other Therapies/Hippotherapy              |
| Behavioral Health Providers                        | Peer Recovery Services                        | 109                   | Peer Recovery Services                    |
| Behavioral Health Providers                        | Psychologist                                  | 030                   | Psychologist                              |
| Behavioral Health Providers                        | Substance Use Rehabilitation                  | 060                   | Substance Use Rehab                       |
| Children's Services                                | Cedar   | 082                   | Cedar Center                              |
| Children's Services                                | DCYF  | 067                   | Department of Children Youth and Families |
| Children's Services                                | Early Intervention                            | 059                   | Early Intervention                        |
| Children's Services                                | Home/Center-Based Therapeutic Services        | 080                   | Home/Center Based Therapeutic Services    |
| HCBS   | Adult Day Care                                | 050                   | Adult Day Care                            |
| HCBS   | Assisted Living Facility                      | 033                   | Assisted Living Facility                  |
| HCBS   | Case Management                               | 044                   | Case Management                           |
| HCBS   | Day Habilitation                              | 055                   | Day Habilitation                          |
| HCBS   | Home Care                                     | 072                   | Personal Care Aide/Assistant              |
| HCBS   | Home Health                                   | 010                   | Skilled Nursing                           |
| HCBS   | Home Meal Delivery                            | 077                   | Home Meal Delivery                        |
| HCBS   | Hospice                                       | 027                   | Hospice                                   |
| HCBS   | Independent Provider                          | 116                   | Independent Provider                      |
| HCBS   | Personal Choice/Hab Case Management           | 069                   | Personal Choice/Hab Case Management       |
| HCBS   | Self-Directed Community Services              | 071                   | Self Directed Community Services          |
| HCBS   | Severely Disabled Nursing Homecare            | 065                   | Severely Disabled Nursing Homecare        |
| HCBS   | Shared Living Agency                          | 051                   | Shared Living Agency                      |
| HCBS   | Waiver Case Manager - Other                   | 057                   | Waiver Case Manager - Other               |
| Intellectual and Developmental Disability Services | BHDDH - Case Management                       | 088                   | BHDDH DD Agencies                         |
| Intellectual and Developmental Disability Services | BHDDH - Day Program                           | 088                   | BHDDH DD Agencies                         |
| Intellectual and Developmental Disability Services | BHDDH - Employment Based                      | 088                   | BHDDH DD Agencies                         |
| Intellectual and Developmental Disability Services | BHDDH - Ind. Living Only                      | 088                   | BHDDH DD Agencies                         |
| Intellectual and Developmental Disability Services | BHDDH - Independent Living or Family Supports | 088                   | BHDDH DD Agencies                         |
| Intellectual and Developmental Disability Services | BHDDH - Other                                 | 088                   | BHDDH DD Agencies                         |
| Intellectual and Developmental Disability Services | BHDDH - Prevocational Training                | 088                   | BHDDH DD Agencies                         |
| Intellectual and Developmental Disability Services | BHDDH - Residential Habilitation              | 088                   | BHDDH DD Agencies                         |
| Intellectual and Developmental Disability Services | BHDDH - Self-Directed Services                | 088                   | BHDDH DD Agencies                         |
| Intellectual and Developmental Disability Services | BHDDH - Transportation                        | 088                   | BHDDH DD Agencies                         |
| Intellectual and Developmental Disability Services | Home Care                                     | 072                   | Personal Care Aide/Assistant              |
| Intellectual and Developmental Disability Services | RICLAS  | 026                   | RICLAS                                    |
| Intellectual and Developmental Disability Services | Tavares                                       | 029                   | ICF - MR. Private Facility                |

Notes

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



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