



# Public Meeting Review of Social & Human Services

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September 22, 2023

**RHODE  
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# Agenda

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- Introductions and Public Comment Ground Rules
- Project Background and Review of Phases
- Finance Reports
- Programmatic Reports
- Report 10
- Public Comment

# Introductions and Public Comment Ground Rules

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# Public Comment Ground Rules

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- This meeting is being recorded. The slides, recording, and written comments will be posted online
- Please hold all questions and comments until the end of the presentation
- Please mute yourself during the presentation
- Public Comment Process
  - In person: sign in on public comment sheet
  - Virtual: use the “raise hand” feature and OHIC will call on you OR put your question or comment in the chat
  - All: Please state your name and organization
    - We are requesting only one person speaks at one time
  - To submit written comments, please email [Molly.McCloskey@ohic.ri.gov](mailto:Molly.McCloskey@ohic.ri.gov) with “Review of Social and Human Service—Public Comment” in the subject line

# Project Background and Review of Phases

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# Project Background

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- **Mandate:** The Office of the Health Insurance Commissioner (OHIC) has been charged with conducting a comprehensive review of all "social and human service programs" having a contract with or licensed by the state as required by State of Rhode Island General Laws (RIGL) 42-14.5-3(t).
- **Scope of work:**
  - Programs: social, mental health, developmental disability, child welfare, juvenile justice, prevention services, habilitative, rehabilitative, substance use disorder treatment, residential care, adult/adolescent day services, vocational, employment and training, and aging
- **Ten tasks/deliverables:** Analysis, reports, and studies to be published in two phases
  - Phase 1 concluded at the end of May 2023
  - Phase 2 concluded September 1, 2023
- **Scope:** In-scope services and programs for financial and programmatic review are defined in the Task 1 (Program Rates) and Task 2 (Eligibility Standards) reports, respectively

# Key Deliverables

## Finance

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

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

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

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

## Programmatic

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

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


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

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

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

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

# Project Timeline

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



# Finance Reports

# Task 1

## Social and human service program rates

- Report 1 established the in-scope services of the rate review.
- Services in-scope represent **approximately \$530.0 million** in Medicaid Management Information System (MMIS) fee-for-service expenditures (illustrated in the table below) and **approximately \$231.1 million** in Medicaid managed care expenditures in State Fiscal Year (SFY) 2022. Other social programs such as Tobacco Quit Line, Vocational Rehabilitation, and Child Welfare represent **approximately \$127.0 million** in SFY 2022.
- Analysis included review and aggregation of **multiple data sources and forms of stakeholder feedback**.

### STATE FISCAL YEAR 2022 MMIS FEE-FOR-SERVICE (FFS) 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. See report for full methodology notes and analysis limitations.

### Primary Data Sources

- Medicaid fee schedule
- State agency data request
- MMIS claims and encounters

### Stakeholder Discussion

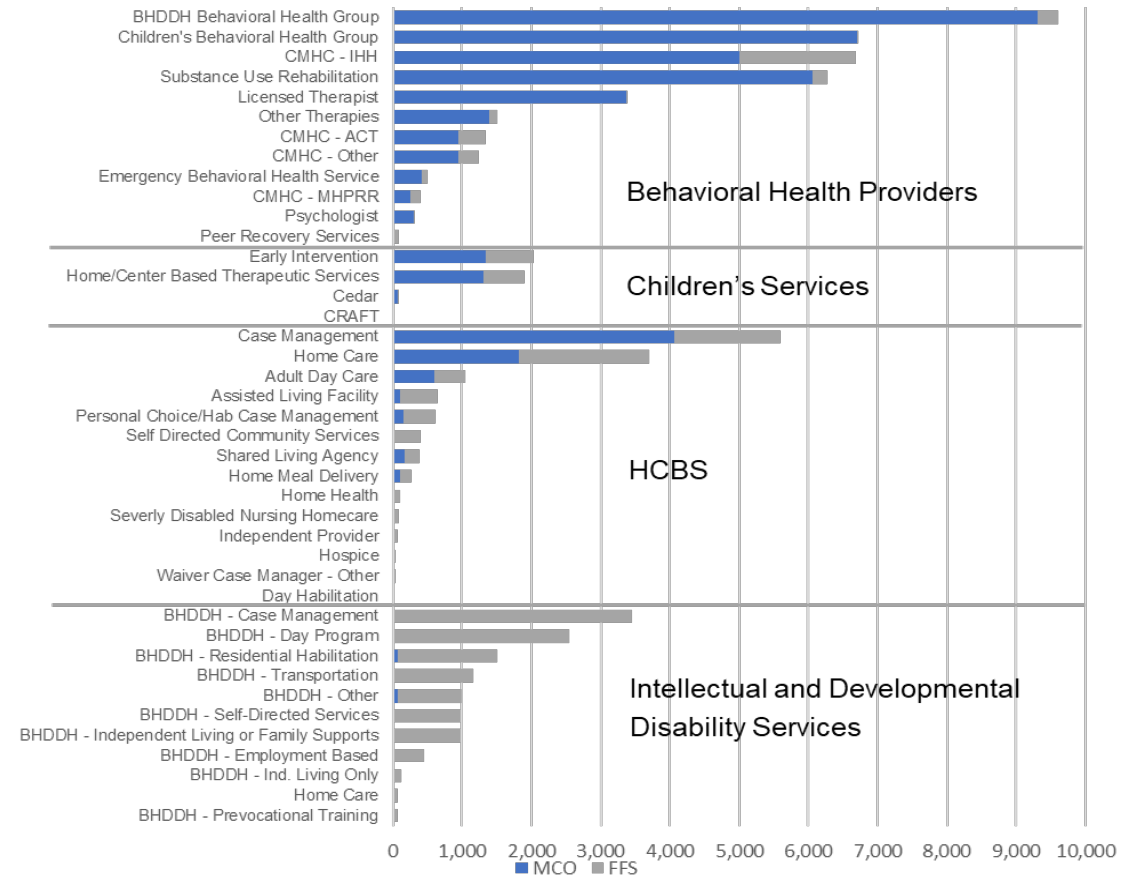
- Advisory Council meetings and member interviews
- Interagency Workgroup
- Phase One Feedback

# Task 3

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

- Report contains average unique monthly utilizer and expenditure metrics for in-scope services on the MMIS fee schedule.
  - The report provides these metrics at the major service category level, service category detail, and procedure code / modifier level.
  - Values are reported separately for the fee-for-service (FFS) and managed care organization (MCO) delivery systems. The primary delivery system varies by service.
- Data compiled may inform departmental budget estimates from recommended rate adjustments.

SFY 2022 AVERAGE UNIQUE MONTHLY UTILIZERS BY SERVICE CATEGORY



Notes:

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

# Task 3

## Non-MMIS Services

### ANNUAL SOCIAL AND HUMAN SERVICE PROGRAM EXPENDITURES BY AGENCY (\$MILLION)

Agency	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022
<b>DHS</b>	\$ 7.5	\$ 6.1	\$ 70.5	\$ 70.3	\$ 57.4	\$ 57.8
Vocational rehabilitation	7.5	6.1	3.5	3.0	2.1	3.2
Child care	N/A	N/A	67.0	67.2	55.3	54.6
<b>DOH</b>	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1
Tobacco quit line	0.1	0.1	0.1	0.1	0.1	0.1
Lead services	N/A	N/A	0.0	0.0	0.0	0.0
<b>DCYF</b>	\$ 33.0	\$ 44.5	\$ 49.2	\$ 58.4	\$ 67.1	\$ 68.7
Home and community-based	13.5	18.1	21.5	23.0	21.9	16.8
Foster care	0.0	0.0	0.0	0.0	7.6	6.5
Residential care	19.3	25.5	25.2	30.6	25.8	29.2
Residential care: out-of-state	0.2	1.0	2.6	4.8	11.8	16.3
<b>OHA</b>	\$ 0.3	\$ 0.3	\$ 0.3	\$ 0.3	\$ 0.3	\$ 0.4
CareBreaks	0.3	0.3	0.3	0.3	0.3	0.4
<b>TOTAL</b>	\$ 40.9	\$ 50.9	\$ 120.1	\$ 129.0	\$ 124.9	\$ 127.0

#### Notes:

1. Data for certain services was not available in historical years, or program changes prohibited reporting of the information.
2. Lead services expenditures are less than \$20,00 per year.
3. See report for full methodology notes and analysis limitations.

- Report contains **utilization metrics** for non-MMIS services provided by the Department of Human Services (DHS), Department of Health (DOH), Department of Children, Youth, and Families (DCYF), and Office of Healthy Aging (OHA).
- **Child welfare services** provided by DCYF and child care reimbursed by DHS represent over 95% of identified social and human service program expenditures paid outside the MMIS.
- The **reimbursement rate setting** varies for non-MMIS social and human service programs, including methods such as market surveys, rate benchmarking analysis, vendor negotiation, and procurement.

# Task 8

## Medicaid Rate Comparisons

- The Task 8 report compared select Rhode Island reimbursement rates for social and human services to rates of other New England states.
- Evaluated Behavioral Health, Children’s Services, Home and Community-Based Services, and Intellectual and Developmental Disability Services codes and available modifiers and enhancements for comparison. Identified numerous variances in the use of modifiers, rate enhancements, and billing units which limited available comparisons.
- Applied calculated adjustments where necessary to attempt to control for variances in rates across states for billed units, provider credentials, and covered services/codes.
- OHIC finds that care should be exercised when using rate benchmarks for rate review. Static rate benchmarks do not cleanly align with the statutory definition of rate review as the “reporting of specific trending factors that influence the cost of service.”
- Even after rates are adjusted for variation, OHIC observed significant differences when comparing rates across states. These differences may be due to a number of factors including underlying cost and wage variances across geographies, regulatory complexity and requirements, differences in provider supply and availability, varying demand for services, and the timing and structure of rate setting processes in other state Medicaid programs.

### SUMMARY OF AVAILABLE MEDICAID RATE COMPARISONS

SERVICE CATEGORIES	NUMBER OF CODES REVIEWED	AVERAGE NUMBER OF BENCHMARKS PER CODE
Behavioral Health	27	1.8
Early Intervention	4	1.5
Homecare Services	5	3.2

# Task 9

## Private pay rate benchmarks

- Report compared Medicaid MMIS fee-for-service reimbursement rates to:
  - Provider billed amounts to commercial insurers (CY21)
  - Commercially negotiated allowed rates (CY21)
  - Medicare rates (CY23)
  - Rhode Island Medicaid MCO rates (SFY22)
- The unique nature of social and human service programs results in limited commercial and Medicare benchmarks.

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

SERVICE CATEGORY	SFY22 EXPENDITURES (\$ MILLIONS)	PERCENTAGE BENCHMARKED		
		COMMERCIAL	MEDICARE	MEDICAID MCO
<b>Behavioral Health Providers</b>				
BHDDH Behavioral Health Group	\$ 11.0	97.8%	98.1%	98.0%
CMHC - ACT	19.7	0.0%	0.0%	0.0%
CMHC - IHH	33.4	0.0%	0.0%	0.0%
CMHC - MHPRR	17.2	0.0%	0.0%	0.0%
CMHC - Other	12.7	0.0%	0.0%	0.0%
Children's Behavioral Health Group	24.7	21.6%	100.0%	99.9%
Emergency Behavioral Health Service	2.5	0.0%	0.0%	0.0%
Licensed Therapist	5.7	100.0%	100.0%	100.0%
Other Therapies	2.9	77.6%	73.0%	88.8%
Peer Recovery Services	0.1	0.0%	0.0%	0.0%
Psychologist	0.7	97.4%	100.0%	94.2%
Substance Use Rehabilitation	20.3	20.0%	86.8%	96.3%
<b>Total</b>	<b>\$ 151.0</b>	<b>19.1%</b>	<b>40.9%</b>	<b>42.4%</b>
<b>Children's Services</b>				
Cedar	\$ 0.4	0.0%	0.0%	100.0%
CRAFT	3.0	0.0%	0.0%	0.0%
Early Intervention	8.5	32.9%	0.0%	98.7%
Home/Center Based Therapeutic Services	33.0	27.2%	0.0%	89.1%
<b>Total</b>	<b>\$ 44.9</b>	<b>26.2%</b>	<b>0.0%</b>	<b>85.1%</b>

#### Notes

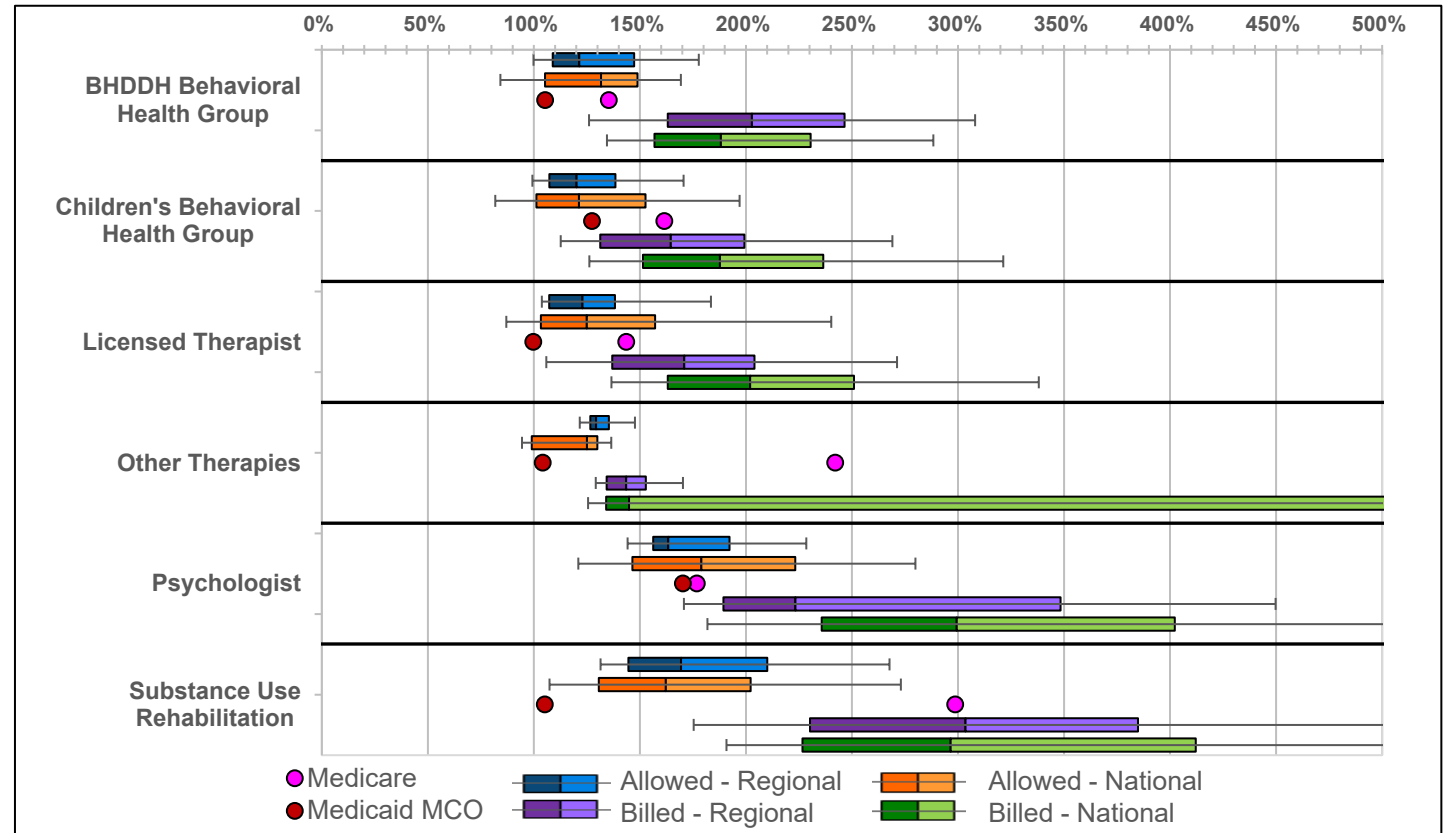
1. SFY 2022 FFS expenditures represent SFY 2022 billed units multiplied by the current FFS rate. The illustrated amount will vary from actual paid SFY 2022 expenditures due to fee schedule changes, third party payers, and other payment adjustments.
2. See report for full methodology notes and analysis limitations.

# Task 9

## Private pay rate benchmarks

- All BH services have median regional and national commercial allowed amounts and provider billed charges above the Medicaid FFS rates.
- Medicare reimburses at approximately 130% to 300% of the Medicaid FFS rate.
- Medicaid MCO reimbursement is approximately 100% to 125% of the Medicaid FFS rate for behavioral health services.
- Medicaid MCO reimbursement is approximately 100% to 125% of the Medicaid FFS rate for behavioral health services.
- Benchmarks exceed the Medicaid rate by the largest percentage for Substance Use Rehabilitation services.

BEHAVIORAL HEALTH PROVIDERS BENCHMARKS AS A PERCENTAGE OF MEDICAID FFS



Notes

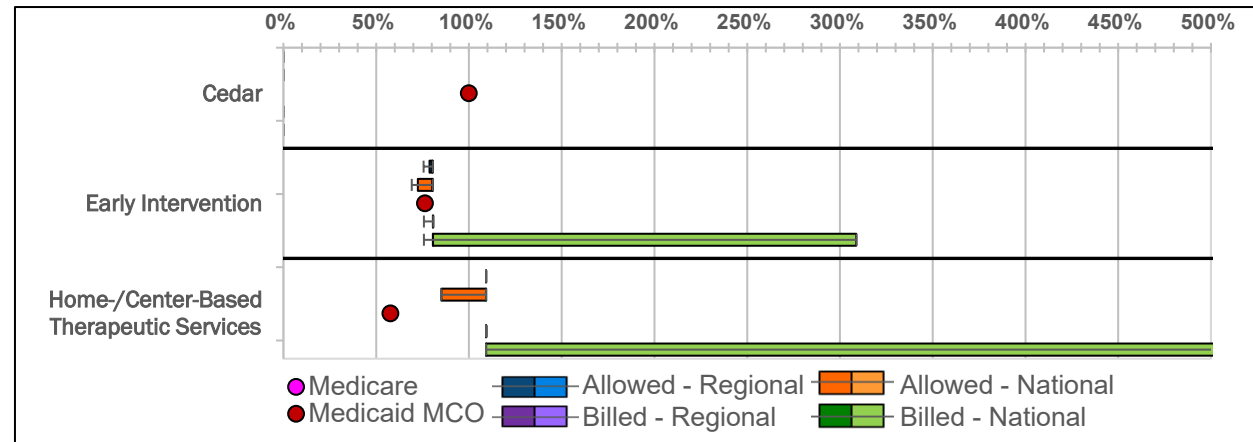
1. Bar graphs for allowed and billed amounts represent the 10<sup>th</sup>, 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>, and 90<sup>th</sup> percentile benchmark rate at each vertical line, from left to right.
2. The Medicaid FFS rates are effective as of July 1, 2023. The Medicare reimbursement rates are matched at the code level since none of the Rhode Island FFS modifiers are present on the 2023 Medicare fee schedule. Adjustments to the Medicare rate for provider credentials was made when applicable.
3. See report for full methodology notes and analysis limitations.

# Task 9

## Private pay rate benchmarks

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

CHILDREN'S SERVICES BENCHMARKS AS A PERCENTAGE OF MEDICAID FFS



Notes

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



# Independent Rate Model

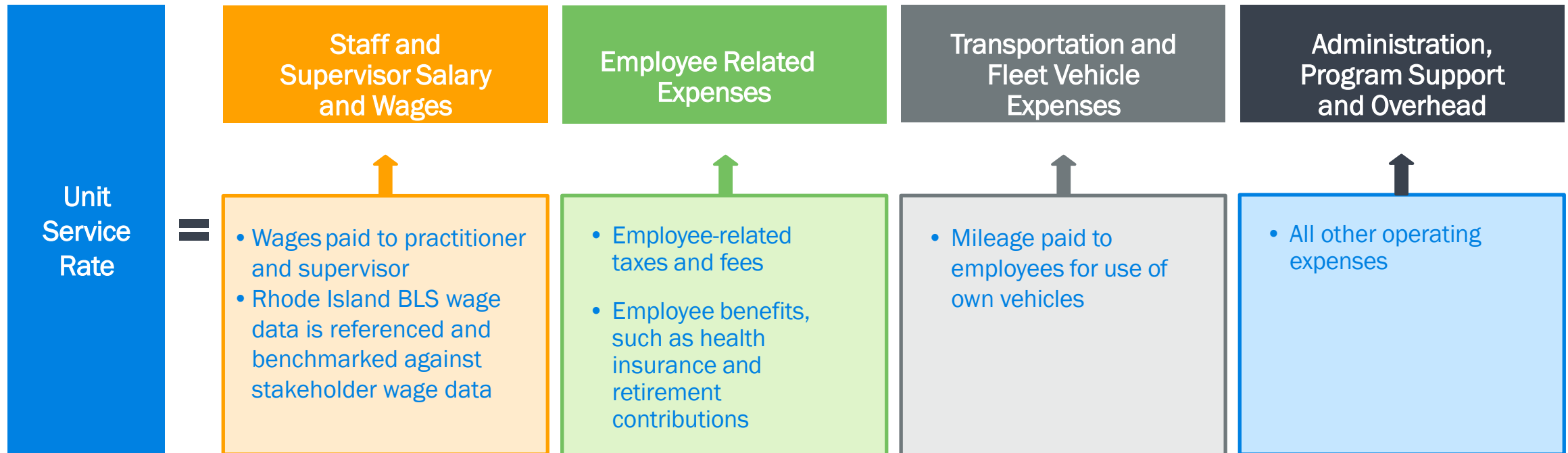
## Process

- As an additional data point for comparison, provider reimbursement rates were developed based upon a **ground-up approach** modeling the expenses expected to be incurred from delivering the service
- Independent Rate Model (IRM) assumptions are based on research and stakeholder engagement activities, including:
  - **Review of service requirements.** We reviewed program requirements associated with delivering the service.
  - **Review of available data sources for assumption development.** We reviewed publicly available data and benchmarked against stakeholder-provided information.
  - **State agency program administrator interviews.** We interviewed program administrators from EOHHS and BHDDH responsible for the administration of in-scope services.
  - **Provider interviews.** We interviewed leadership from provider agencies to collect feedback and answer questions.
  - **Data collection template.** We sent a data collection template to providers to submit data and general feedback used for rate development.
  - **Draft results provided for provider feedback.** We provided draft rates for feedback to providers and solicited final feedback.

# Independent Rate Model

## Framework

- The IRM approach estimates what the costs for each service could be given the resources (salaries and other expenses) reasonably expected to be necessary, on average, while delivering the service.
- IRM expense categories modeled are shown below:



# Independent Rate Model

## Codes selected for IRM comparison rate development

HCPCS	DESCRIPTION
<b>Behavioral Health Service Codes</b>	
90791	Psychiatric diagnostic interview examination including history, mental status, or disposition
90792	Psychiatric diagnostic interview examination including history, mental status, or disposition
90832	Psychotherapy, 30 minutes with patient and/or family member
90834	Psychotherapy, 45 minutes with patient and/or family member
90837	Psychotherapy, office/outpatient facility, 60 minutes face to face with the patient
90846	Family psychotherapy (without patient present)
90847	Family psychotherapy (with patient present)
90853	Group psychotherapy (other than of a multiple family group)
99211	Office or other outpatient visit for the evaluation and management of an established patient - 5 min
99212	Office or other outpatient visit for the evaluation and management of an established patient - 10 min
99213	Office or other outpatient visit for the evaluation and management of an established patient - 15 min
99214	Office or other outpatient visit for the evaluation and management of an established patient - 25 min
99215	Office or other outpatient visit for the evaluation and management of an established patient - 40 min
H0037	Integrated Health Home
H0040	Assertive Community Treatment

HCPCS	DESCRIPTION
<b>Early Intervention Service Codes</b>	
H2000	Comprehensive multidisciplinary evaluation
T1016	Service coordination, each 15 minutes
T1024	Team evaluation & management per encounter
T1027	Family training and counseling for child development, per 15 minutes
<b>Home Care Services</b>	
S5125	Personal Care services; per 15 minutes
S5130	Homemaker service, not otherwise specified (nos); per 15 minutes
T1000	Private duty / independent nursing service(s) - licensed, up to 15 minutes
T1001	Nursing Assessment / Evaluation
<b>Substance Use Disorder Services</b>	
H0020	Alcohol and/or drug services; methadone administration and/or service (1 unit per week)
H0037 (OTP)	Integrated Health Home: OTP
<b>Notes</b>	
(1) IRM comparison rates for various modifiers were modeled for the above procedure codes. See Appendix 1 of the IRM report for a list of all modifiers for which IRM comparison rates were developed.	
(2) Comparison rates were only developed to be applicable for certain program indicators. See Appendix 1 of the IRM report for a listing of applicable program indicators.	
(3) See report for full methodology notes and analysis limitations.	

# Independent Rate Model (IRM) Results

## Comparison Rates

- IRM comparison rates were generally materially higher than current FFS rates.
- IRM results were one of multiple comparisons considered by OHIC in development of rate recommendations.
- See [Appendix 1 of the IRM report](#) for detailed comparison rates.

### Notes

1. IRM comparison rates for various modifiers were modeled for the above procedure codes. See Appendix 1 of the IRM report for a list of all modifiers for which IRM comparison rates were developed.
2. IRM comparison rates are based on assumptions trended to January 1, 2025, the midpoint of SFY 2025. The FFS rates reflect the rate effective as of July 1, 2023.
3. Comparison rates were only developed to be applicable for certain program indicators. See Appendix 1 for a listing of applicable program indicators.
4. Home care comparison rates for S5125 and S5130 were developed to be inclusive of costs incurred by a home care agency to meet the criteria for applicable enhancement criteria.
5. See report for full methodology notes and analysis limitations.

### COMPARISON RATE RELATIVE TO FFS RATE

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

# Programmatic Reports



# Task 2

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

Final report provided a **comprehensive overview on a wide range of social and human services** offered in Rhode Island with information on the eligibility criteria, services, and level of needs assessment/application processes.

The report focused on eligibility and processes under Medicaid and DCYF.

### Medicaid/CHIP Eligibility & Process

- Reporting on data points: eligibility criteria, match rates for different categories, percent enrolled in managed care, application process and timeliness, and total Medicaid spending
- Comparisons to regional states/national picture for data points on eligibility criteria, managed care, and spend
- Discussion on select processes including waiver authority and opportunities for enhanced federal match

### DCYF Eligibility & Process

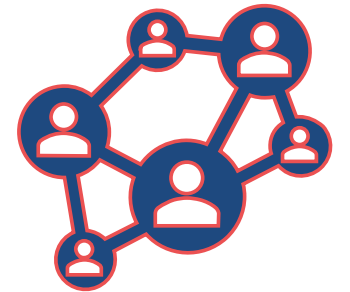
- Eligibility criteria for prevention services/foster care/residential care
- Detailed coverage of state prevention plan, child welfare spend, and foster care services
- Comparison to regional states/national picture on prevention services, spending, and foster care utilization

# Task 4

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

Final report is an educational report providing a summary of the structure of state government and how it relates to providers of services.

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



# Task 5

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

The final report provides an inventory of known points of accountability for social and human services programs. The report also provides an assessment and evaluation on accountability standards for EOHHS MCO contracts and DCYF provider contracts.

- Program summaries include:
  - State agency and department responsible for oversight, federal oversight body, federal reporting requirements, external state oversight (non-agency), and state required reporting.
- Assessment and evaluation explored the following type of topics:
  - Scope of performance metrics in contracts
  - Value-based purchasing arrangements
  - Provider access standards
  - Consequences for failure to meet performance metrics
  - Discussion of current findings in required reporting



# Task 6

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

- The final report provided insight and research into the credentialing and oversight requirements which informed the finance rate analysis.
- Focus was on Behavioral Health Services, Early Intervention Services, Home Health Services, and Substance Use Disorder treatment services.
- **Behavioral Health Services**
  - Psychiatric diagnostic interview examination (90791)
  - Psychotherapy, 30, 45, and 60 minutes (90832, 90834, 90837)
  - Family psychotherapy (without patient present) (90846)
  - Family psychotherapy (with patient present) (90847)
  - Group psychotherapy (90853)
  - Psychiatric diagnostic interview examination disposition (90792)
  - Office visit for the evaluation and management; 5-40 minutes (99211-99215)
- **Early Intervention**
  - Comprehensive multidisciplinary evaluation (H2000)
  - Case management, each 15 minutes (T1016)
  - Team evaluation & management, per encounter (T1024)
  - Family training and counseling, per 15 minutes (T1027)
- **Home Health**
  - Attendant care services; per 15 minutes (S5125)
  - Homemaker service, not otherwise specified; per 15 minutes (S5130)
  - Nursing Assessment / Evaluation (T1001)
  - Private duty / independent nursing service(s) - licensed, up to 15 minutes (T1000)
- **Substance Use Disorder Treatment services**
  - Substance abuse counseling and therapy (H0004)
  - Group counseling by a clinician (H0005)
  - Bundled methadone administration and/or service (H0020)
  - Alcohol and/or drug assessment, 60-90 minutes (H0001)

# Task 7

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

The final report provides a brief **overview of the formal waitlists** (defined as a list overseen by the state) and analysis of the **inventory of services** that were identified by advocates and the Social and Human Service Programs Review Advisory Council as experiencing access issues.

- The report includes a **detailed methodology** on how access was assessed. Research activities included stakeholder interviews and both **qualitative** and **quantitative** review.

The report assessed access to Child and Adolescent Behavioral Health, Adult Behavioral Health, Home Care and HCBS, NEMT, and TBI day services.

- **Quantitative research** included analysis of professional provider capacity, comparison to regional states, and **analysis of available data** for waitlists, utilization trends, and relevant existing reports. For formal waitlists, the size and scope of each waitlist is provided, and the waitlist management process was described.
- **Qualitative research** included conducting **interviews with stakeholders and subject matter experts (SMEs)** to collect their feedback regarding the seven dimensions of access for the four service categories of focus.

# Report 10



# Public Comment

## Public Comment Process

- In person: sign in on public comment sheet
- Virtual: use the “raise hand” feature and OHIC will call on you  
OR put your question or comment in the chat
- All: Please state your name and organization
  - We are requesting only one person speaks at one time
- To submit written comments, please email  
[Molly.McCloskey@ohic.ri.gov](mailto:Molly.McCloskey@ohic.ri.gov) with “Review of Social and Human Service—Public Comment” in the subject line



# Thank You!

[Link to all published reports](#)

Please email [Molly.McCloskey@ohic.ri.gov](mailto:Molly.McCloskey@ohic.ri.gov) for any questions

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# Appendix



# Appendix A: Task 8 Data

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# Task 8

## Medicaid Rate Comparisons

Procedure Code	Description	RI Rates Base Rate	Percentage Variance (Rhode Island Rate / Comparator Rate)				
			CT	ME	MA	NH	VT
<b>Behavioral Health</b>							
90791-AJ	Psychiatric diagnostic evaluation without medical services	\$ 131.75	123%	N/A	N/A	N/A	N/A
90791-HO	Psychiatric diagnostic evaluation without medical services	\$ 131.75	123%	N/A	101%	N/A	88%
90832-AJ	Psychotherapy, 30 minutes with patient and/or family member	\$ 52.50	117%	N/A	N/A	N/A	N/A
90832-HO	Psychotherapy, 30 minutes with patient and/or family member	\$ 52.50	117%	N/A	101%	N/A	81%
90834-AJ	Psychotherapy, 45 minutes with patient and/or family member	\$ 72.00	110%	N/A	N/A	N/A	N/A
90834-HO	Psychotherapy, 45 minutes with patient and/or family member	\$ 72.00	110%	N/A	126%	N/A	84%
90837-AJ	Psychotherapy, 60 minutes with patient and/or family member	\$ 75.00	76%	N/A	N/A	N/A	N/A
90837-HO	Psychotherapy, 60 minutes with patient and/or family member	\$ 75.00	76%	N/A	60%	N/A	59%
90846-AJ	Family psychotherapy (without the patient present)	\$ 67.50	104%	N/A	N/A	N/A	N/A
90846-HO	Family psychotherapy (without the patient present)	\$ 67.50	104%	N/A	67%	N/A	82%
90847-AJ	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	\$ 72.00	90%	N/A	N/A	N/A	N/A
90847-HO	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	\$ 72.00	90%	N/A	71%	N/A	84%
90853-AJ	Group psychotherapy (other than of a multiple-family group)	\$ 36.00	145%	N/A	N/A	N/A	N/A
90853-HO	Group psychotherapy (other than of a multiple-family group)	\$ 36.00	145%	N/A	119%	N/A	157%
99211	Office or other outpatient visit for the evaluation and management of an established patient	\$ 8.05	N/A	N/A	36%	N/A	N/A
99212	Office or other outpatient visit for the evaluation and management of an established patient, straightforward medical decision making	\$ 56.00	N/A	N/A	106%	N/A	N/A
99213	Office or other outpatient visit for the evaluation and management of an established patient; low complexity	\$ 78.00	N/A	N/A	93%	N/A	N/A
99214	Office or other outpatient visit for the evaluation and management of an established patient, moderate complexity	\$ 118.00	N/A	N/A	82%	N/A	N/A
99215	Office or other outpatient visit for the evaluation and management of an established patient, high complexity	\$ 148.00	N/A	N/A	89%	N/A	N/A
H0001	Alcohol And/Or Drug Assessment	\$ 97.00	N/A	N/A	84%	57%	N/A

Identified a high level of variability among the New England states in how services are reimbursed among the observed set of services.

- Behavioral health services had comparator rates above and below the Rhode Island reimbursement for many services.
- Behavioral health evaluation and management services (99211-99215) were difficult to compare to other states as similar codes are used for non-behavioral health services in most states and differences are not clearly differentiated

### Notes

- Cases where an equivalent service and reimbursement rate that could be reasonably adjusted for comparison to the Rhode Island Medicaid service was not available are marked as "N/A".
- Where the Rhode Island rates varied in structure, billed units, the use of modifiers, or other factors, we developed composite rates for comparison. Composite rates represent a normalized comparison against available state Medicaid rates.
- Rhode Island and comparator rates are based on the observed rate as of July 1, 2023.
- See report for full methodology notes and analysis limitations.



# Task 8

## Medicaid Rate Comparisons

Procedure Code	Description	RI Rates Base Rate	Percentage Variance (Rhode Island Rate / Comparator Rate)				
			CT	ME	MA	NH	VT
<b>Behavioral Health</b>							
H0004-HO	Behavioral Health Counseling And Therapy (Master's Degree)	\$ 16.25	N/A	63%	N/A	N/A	N/A
H0004-HQ-HO	Behavioral Health Counseling And Therapy (Master's Degree/Group)	\$ 5.00	N/A	59%	N/A	N/A	N/A
H0004	Behavioral Health Counseling And Therapy	\$ 17.94	N/A	N/A	62%	53%	62%
H0004 Composite	Behavioral Health Counseling And Therapy	\$ 17.55	N/A	N/A	61%	52%	60%
H0005	Group Counseling By A Clinician	\$ 32.30	N/A	N/A	93%	114%	N/A
H0020	Methadone Administration and Service	\$ 84.98	94%	50%	45%	N/A	81%
H0037	Community psychiatric supportive treatment program, per diem	\$ 13.82	N/A	N/A	N/A	N/A	38%
H0040	Assertive community treatment program, per diem	\$ 41.65	N/A	59%	76%	N/A	N/A
<b>Early Intervention</b>							
T1016	Case management, each 15 minutes	\$ 25.35	101%	N/A	N/A	N/A	155%
T1024	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children	\$ 43.44	N/A	N/A	120%	N/A	N/A
T1027	Family training and counseling for child development, per 15 minutes	\$ 43.44	207%	N/A	N/A	161%	N/A
H2000	Office or other outpatient visit for the evaluation and management of an established patient; medical decision making of high complexity	\$ 1,064.36	N/A	N/A	N/A	N/A	152%
<b>Homecare Services</b>							
S5125	Attendant Care Services	\$ 6.79	117%	102%	N/A	N/A	78%
S5125 Composite	Attendant Care Services	\$ 7.28	126%	110%	N/A	N/A	83%
S5130	Homemaker Service	\$ 6.35	127%	N/A	92%	N/A	N/A
S5130 Composite	Homemaker Service	\$ 6.70	134%	N/A	97%	N/A	N/A
T1001	Nursing Assessment/Evaluation	\$ 106.21	108%	N/A	N/A	N/A	N/A
T1000	Private Duty/ Independent Nursing Service (RN)	\$ 14.68	60%	94%	100%	98%	125%
T1000-TE	Private Duty/ Independent Nursing Service (LPN)	\$ 11.88	49%	107%	97%	86%	119%

Identified a high level of variability among the New England states in how services are reimbursed among the observed set of services.

- Rhode Island Integrated Health Home (H0037) and Assertive Community Treatment (H0040) programs were reimbursed below observed comparator rates.
- Rhode Island Early Intervention services were reimbursed above most comparator rates.
- Home care had comparator rates above and below the Rhode Island reimbursement for most services.

### Notes

1. Cases where an equivalent service and reimbursement rate that could be reasonably adjusted for comparison to the Rhode Island Medicaid service was not available are marked as "N/A".
2. Where the Rhode Island rates varied in structure, billed units, the use of modifiers, or other factors, we developed composite rates for comparison. Composite rates represent a normalized comparison against available state Medicaid rates.
3. Rhode Island and comparator rates are based on the observed rate as of July 1, 2023.
4. See report for full methodology notes and analysis limitations.