



TIDES FAMILY SERVICES

WE NEVER GIVE UP ON A KID... NEVER!

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September 22, 2023

Mr. Corey King
Acting Commissioner
Office of the Health Insurance Commissioner
1511 Pontiac Ave Building #69
Cranston, Rhode Island 02920

Dear Acting Commissioner King:

On behalf of Tides Family Services, I would like to congratulate you and your staff for a job well done developing the detailed report of OHIC's findings and recommendations. Tides is a non-traditional agency, unlike any other. Our community based "no-walls" philosophy and treatment model puts us in the heart of neighborhoods where our clients live—the most distressed and poverty-stricken areas of Rhode Island.

In the recent years, Tides has been a constant ally working with the Department of Children, Youth and Families (DCYF) and the General Assembly to shine light on the much-needed investment in the human services programs, particularly those programs serving children and families here in Rhode Island. Tides is pleased to see that the report highlights significant adjustments to social and human service program reimbursement rates areas such as children's services, HCBS, and behavioral health. We are confident that these recommendations, if implemented, will help to elevate and better support the most needed children and families and Rhode Island.

As stated in the report, there is currently an ongoing procurement process for providers who contract with DCYF. While Tides was hoping to see some forward momentum on the rate setting discussion for these services, we do support a more full, deeper discussion focusing specifically on these services and the funding mechanics as a next step in this process. We view the outcome of this re-procurement to be a short-term and temporary solution as the mechanics of the funding structure implemented through DCYF contracts has traditionally been inflexible and limited. Furthermore, the contracts tend to span the course of several years, contributing to their limited nature. Tides is looking forward to taking an active role in the rate setting discussion once OHIC recommendations are made and re-procuring of DCYF's service portfolio is completed.

Sincerely,

Beth Bixby

Beth Bixby, MSW, LICSW
CEO, Tides Family Services

September 22, 2023

Cory King
Acting Health Insurance Commissioner
Rhode Island Office of the Health Insurance Commissioner (OHIC)
By email to: cory.king@ohic.ri.gov

Re: Social and Human Service Programs Review Final Report

Dear Commissioner King:

The recently released final report from the Social and Human Service Programs Review process represents a significant step forward in identifying and remedying significant access challenges in the priority areas of behavioral health, home- and community-based services, children's services, and intellectual and developmental disability services. **RIPIN thanks the Governor and the General Assembly** for identifying this need and tasking and funding OHIC to undertake this substantial and important work. **We also thank OHIC** for leading a transparent and data-driven process with a pace equal to its urgency.

We urge everyone involved in crafting the next State budget to review the reports carefully, and **we hope they will form the basis of targeted investments into critical social and human services**. And though it was beyond OHIC's statutory charge to recommend **reimbursement rates that Medicaid managed care plans** pay to social and human service providers, **we urge that this important part of the social services funding landscape not be forgotten**.

In our day-to-day work at RIPIN, we support clients facing challenges accessing social and human service programs in just about every program area, including children with special needs, families navigating health care systems on behalf of their loved ones, adults with intellectual or developmental disabilities, and seniors and people with disabilities navigating home care. For decades, our State (and our nation) have underinvested in behavioral health care, home- and community-based services, children's services, and intellectual and developmental disability services. This **systemic underinvestment** has resulted in an underdeveloped workforce, providers without the financial capacity to support the community, and significant gaps in specialized services.

The impact of the lack of access to these services affects Rhode Islanders of all communities, but the burden falls most substantially on those with limited means, and particularly on individuals with disabilities, communities of color, those with limited English proficiency, and other marginalized and disadvantaged groups. As these groups are disproportionately enrolled in the social and human services programs examined in OHIC's review, concrete action to remedy the disparities identified in OHIC's report has the potential to meaningfully advance health equity.

We look forward to seeing how the recommendations delivered in OHIC's report impact future decision-making, and we encourage the Governor and General Assembly to continue to prioritize investing in data-driven approaches to reinvesting in and rebuilding underfunded parts of our health care system.

We also strongly encourage the Governor and General Assembly to recognize, as OHIC has acknowledged in its report, the **critical role that managed care organizations (MCOs) play in our Medicaid system**. For the behavioral health services that OHIC analyzed, about three-quarters of total Medicaid expenditures come through MCOs. For children's services, that proportion is about two-thirds. OHIC's report indicates that MCO reimbursement rates for the services analyzed are





typically pretty similar to fee-for-service reimbursement rates, but that there are only very limited statutory requirements for MCOs to increase reimbursement rates to match increases in the fee-for-service rate schedule. This is by no means intended to be a criticism of MCOs. **RIPIN strongly supports Rhode Island's Medicaid managed care system, and we are proud that our MCOs are consistently ranked among the best in the nation.** This is merely a recognition that one cannot really impact the capacity of the social and human service delivery system, and therefore cannot really help more of our neighbors access the services they need, without looking at the big picture, including MCOs. **The Governor and the General Assembly should carefully consider State directed payments, statutory floors, and/or other mechanisms to provide a wholistic approach to publicly financed social and human services.**

Thank you for the opportunity to provide these comments. Please do not hesitate to reach out if we can be helpful in any other way.

Sincerely,

A handwritten signature in blue ink, appearing to read "Sam Salganik".

Samuel Salganik
Executive Director
(401) 270-0101 x 101
salganik@ripin.org



Molly McCloskey
Health and Human Services Rate Review Director
Office of the Health Insurance Commissioner
State of Rhode Island
1511 Pontiac Avenue, Building 69-1
Cranston, RI 02920

Dear Ms. McCloskey,

Thank you for taking the time to review the First Connections rate with FSRI. We appreciate your openness and willingness to discuss this process.

From our perspective, the First Connections rate that is proposed will produce a serious hardship upon providers, by reducing the current Medicaid reimbursement rate to a level that will not sustain the actual costs of providing the service.

Most notably, we are significantly concerned that there is compression between the rate provided for Community Health Work (CHW), Social Work (SW), and Registered Nurse (RN) services. Our actual business experience is that there are significant differences in what the market rate for CHW and SW and RN employees demand. Particularly during the past few years, there has been a growing awareness that Rhode Island is not producing enough SWs and RNs to meet the demand. This has been exacerbated during the pandemic, and many organizations must pay significantly higher wages to RNs and SWs than to CHWs to reflect the reality of the market. Finally, the data utilized to determine market rates for CHW and SW services is flawed as those broad employment categories tend to incorporate jobs as distinct as hospital social workers, school social workers, state-employed social workers, as well as licensed and independently-licensed clinical social workers. In real wages, these roles command vastly different pay. The proposed rates for these services do not reflect the reality of the market for wages for these roles.

Additionally, attached is the chart that we discussed at the meeting for your reference with historical costs.

Thank you again for your collaboration and work throughout this process.

Sincerely,

Margaret Holland McDuff
CEO



Changes in First Connections Billing

First Connections Service	Original Rate - RIDOH & Medicaid	Interim Medicaid Rates Effective 7/1/2022	Current RIDOH Rate/Unit Effective 1/1/2023	Current Medicaid Rate/Unit Effective 1/1/2023	OHIC Proposed Rate/Unit	% Reduction from Current Rate
Pre/Postnatal Intake	N/A - no distinction b/t intake and follow-up	N/A - no distinction b/t intake and follow-up	\$396.92 flat rate	\$396.92 flat rate	\$415.97 flat rate	N/A
Pre/Postnatal FollowUp - CHW	\$70.00 flat rate	\$239.83 flat rate	\$40.80 per 15m	\$59.95 per 15m	\$42.76 per 15m	-29%
Pre/Postnatal FollowUp - SW	\$85.00 flat rate	\$271.40 flat rate	\$46.83 per 15m	\$67.85 per 15m	\$48.40 per 15m	-29%
Pre/Postnatal FollowUp - RN	\$104.95 flat rate	\$343.44 flat rate	\$58.43 per 15m	\$85.86 per 15m	\$61.23 per 15m	-29%

September 22, 2023

My name is Jacob Auslander and I am the Operations Manager at Maxim Healthcare Services, Inc. (“Maxim”). Maxim is a national provider of home healthcare, homecare, and additional in-home service options. We provide over 110,000 hours of service per year from our Providence office throughout Rhode Island employing approximately 90 caregivers and nurses, primarily offering private duty nursing (PDN) services.

Maxim commends the Office of the Health Insurance Commissioner’s (OHIC) extensive review of all social and human service programs especially for private duty nursing reimbursement rates. I am testifying today to support and provide recommendations to OHIC’s *Social and Human Service Program’s Final Report (“Report”)*. Many Rhode Island children with special healthcare needs are either not receiving enough nursing services in the home or not able to access these lifesaving services due to the lack of available nurses – stemming in part from low Medicaid reimbursement rates. Maxim supports the rate recommendations for procedure codes T1000 and T1000 TE. These new rates would allow us to compete with other states, provide a living wage to our specially trained nursing workforce, and other expenses toward the total cost to deliver care at home. However, while the final report recommends rate improvements, Maxim would like to provide the following recommendations:

Section 5.2.1 of the Report notes that Rhode Island rates are “0.2% higher than the rate for Massachusetts.”¹ Currently for a registered nurse, Massachusetts uses the T1002 procedure code with several modifiers and the variances are actually between 21.4% - 59.8% higher than Rhode Island’s rates². Incorrect rate variances for both New Hampshire and Maine are also cited³. Maxim requests that OHIC and its contractors collaborate with each surrounding Medicaid state offices to ensure that correct procedure codes along with modifiers are provided to accurately depict the variances between Rhode Island’s rates and surrounding states.

In addition, we recommend more stakeholder involvement and additional time to respond with feedback to ensure that providers can fully capture OHIC’s findings and provide thorough responses. Maxim had only two weeks to complete the questionnaires and respond to the contracted research firms. If given a more reasonable timeline for feedback, Maxim would have been able to notice that several procedure codes were missing when comparing rates with other states. We would have included those findings in our responses and shared the correct information needed.

Thank you for your support of home health care and private duty nursing in Rhode Island. We look forward to working with you in future reports.

1. [OHIC Social and Human Service Program’s Final Report](#); Page 31
2. [MassHealth Continuous Skilled Nursing Rates](#)
3. [New Hampshire Private Duty Nursing Rates](#); page 979; [MaineCare Private Duty Nursing Rates](#)

From: [David Nefussy](#)
To: [King, Cory \(OHIC\)](#); [McCloskey, Molly \(OHIC\)](#)
Cc: [Linda Hurley](#); [Alisha Bourdeau](#); [Dustin Alvanas](#); [David Nefussy](#); john@jtsentinelgroup.com
Subject: Rate Hearing
Date: Friday, September 22, 2023 12:45:14 PM

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Hi Cory and Molly,

First of all, I want to reiterate our appreciation to OHIC and Milliman in reviewing the rate enhancement consideration for various RI Medicaid services, and in particular OTPs and Behavioral Health. With that said and per your instruction from today's hearing, I am highlighting the various key points I noted during my brief dialogue this morning. Please see below.

The recommended rates for OTP Bundled and Health Home Bundles:

1. In spite of the potential increase in the OTP bundled rate from \$84.98 to previously noted roughly \$132.80, although greatly appreciated is still significantly less than what CMS pays for this same bundled service using G-2067 – based on Locality – All RI – CMS reimburses this service \$254.61 or a difference of \$121.73 (92%) – Likewise, I want to reiterate that MA Medicaid (RI's immediate neighbor) for this same service (as of January 1, 2023 uses the same CMS G-Code methodology) and pays \$190.82 or a difference of \$57.94 (44%) again from what I believe was the previously reported recommendation. Hoping as one makes a final determination regarding the rate proposal that this information is taken into consideration – RI OTPs and BH Clinics continue to struggle to maintain staff due to the huge discrepancy in reimbursement and subsequent salaries that MA SUD providers can offer both existing staff and acquiring new staff. It is critical that one understands the impact that such a discrepancy that other states like MA are paying staff for the same population making it more challenging to maintain the existing workforce or recruiting new clinicians that can simply cross state lines (within a 10-15 minute drive) and be compensated at a higher rate due to the influx of money that the MA OTPs have acquired since the beginning of this calendar year due to the change in the MA Medicaid reimbursement methodology. I believe and this will need to be continually monitored that the issue I am highlighting is likely to be exacerbated over the next several months and years.
2. I did want to request an additional consideration as you proceed – the last rate increase the state provided for the services being reviewed I believe was a decade ago or more. This, as I am sure you are not surprised has caused the fiscal problems that the various RI OTPS/SUD providers face today. Assuming the State implements the suggested/recommended rate increases from OHIC – my concern has to do with the longevity of any future enhancements. To resolve that concern I would like to suggest that OHIC and the State of RI simultaneously include an automatic COLA (cost-of-living-adjustment) increase annually to the rates. Using

historical data and excluding the COVID years 2021-22 – the average COLA/CPI would be somewhere between 2%-3% annually. Again, to eliminate the concern(s) around the limitations around future rate reviews (time between this review and the next) – by implementing an auto-inflator using COLA or CPI as a measurement/metric decreases the likelihood of OTP/SUD programs fiscally struggling in RI. **(Note – per today’s discussion it was highlighted that it is the intention of this group (OHIC) to provide bi-annual reviews of all the rates. If this plan is implemented, it will cause less angina with the various providers.)**

3. Finally, and maybe most importantly, most services provided by the OTPs and behavioral health clinics in RI are rendered to clients that are affiliated with a MCOs/MBHOs and not straight RI Medicaid. In fact, it is anticipated that almost 90% of these services fall into this bucket. The reason I highlight this is that any rate enhancement recommended by OHIC and implemented by the State of RI will have little to no financial impact if the MCOs/MBHOs are NOT required to mirror these NEW baseline rates. It was noted in today’s meeting and reiterated by Commissioner King that OHIC with these recommendation does not have any influence in enforcing the MCOs/MBHOs to replicate these rates. Unlike Massachusetts, in order to participate in MA Medicaid, it is required that the MCOs/MBHOs to mirror at minimum the baseline rates noted by the State of MA and BSAS (RI’s BHDDH equivalent). It is strongly recommended that the State of RI likewise make this as a requirement in order to be a payer of service for RI Medicaid membership. This is critical for the RI providers to maintain financial sustainability.

Thank you again for providing CODAC and others to provide feedback regarding this important initiative. We are happy to offer additional support should the committee request it. We look forward to the next steps.

David

David Nefussy
Chief Business Officer

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**Rhode Island Partnership
for Home Care**

Advancing quality healthcare at home

**Home Care Industry Statement on Social and Human Service Programs Review
Office of the Health Insurance Commissioner - September 22, 2023 Public Forum**

The September 1, 2023 final report of the Social and Human Service Programs Review validates the data and information that the Rhode Island Partnership for Home Care has presented to the Medicaid Program Director, Governor and General Assembly’s leadership for decades. Medicaid-contracted home care services are grossly underfunded, especially compared to our counterpart programs throughout New England. Based on the recommendations within the final report, Governor McKee should recommend no less than a 38.6% increase in funding for home and community-based services (HCBS) toward Medicaid-contracted home care services. The State Fiscal Year 2025 (SFY25) recommended funding increase¹ is reflected in the following chart within the final report:

Figure 11: RECOMMENDED HCBS RATES FISCAL IMPACT SUMMARY [HOME CARE-HOME HEALTH-HOSPICE]

SERVICE CATEGORY DETAIL	BASELINE EXPENDITURES	% CHANGE	EXPENDITURE ESTIMATES USING PROPOSED RATES	DIFFERENCE
Home Care	\$58,312,943	39.7%	\$81,457,711	\$23,144,768
Home Health	\$604,820	2.5%	\$619,946	\$15,125
Hospice	\$1,142,982	2.5%	\$1,171,540	\$28,558
Composite	\$60,060,745	38.6%	\$83,249,197	\$23,188,451

As it relates to specific billing codes for home care services, the final report recommended the following rate increases² by the Medicaid Program:

Figure 10: RECOMMENDED HCBS COMPARISON RATE RELATIVE TO FFS RATE [HOME CARE SERVICES]

PROCEDURE CODE GROUPING	INCLUDED PROCEDURE CODES	COMPOSITE COMPARISON RATE	COMPOSITE CURRENT FFS RATE	PERCENT DIFFERENCE
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%

¹ Final Report: Section 5.2.2 “Recommendations”; April 2022-March 2023 FFS Expenditures, Page 27

² Final Report: Section 5.2.1 “Findings”, Page 25 and Final Report: Section 5.2.2 “Recommendations”, Page 26

While recommendations for a 58.1% increase in personal care and homemaker services and a 74.5% increase in home care nursing evaluation demonstrates the need for significant rate reform, as well as a 41.9% increase in private duty nursing for our most-disabled population, especially medically-fragile, non-verbal, wheelchair-bound children with tracheostomies, there are two areas of concern for the home care industry that were not adequately addressed by this final report. The Rhode Island Partnership for Home Care contests two areas in which Commissioner King did not satisfy within the recommendations: 1) utilizing “composite rates” as the baseline for comparing like base rates between state Medicaid programs for paraprofessional home care services; and 2) omitting skilled nursing and therapeutic services from the rate review.

The composite rates³ as developed in the May 26, 2023 report by Milliman are artificially inflated figures that do not demonstrate the context or limitations of the modified or enhanced rates applicable under the two clinical procedure codes in which providers bill. S5125 is billed to the Medicaid Program for attendant care services performed by a licensed nurse assistant (CNA) per fifteen minute unit. The base rate is \$6.79 per unit effective July 1, 2023⁴. However, there are several modifiers and enhancements to this rate, which include: a) L9 at \$14.68 per unit for a licensed practical nurse (LPN) to perform services to a pediatric case assigned by the Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH); b) U1 at \$6.56 per unit for a CNA to provide both personal care attendant and homemaking services within the same billable unit; c) UH, UJ and TV are evening, night and weekend or holiday shift differentials respectively at \$7.35 per unit for a CNA; and d) U9 is a high acuity patient or client modifier at \$7.04 per unit for a CNA. These modifiers can be combined to include an evening shift for a CNA with a high acuity patient or client at \$7.61 per unit for a CNA billed as S5215 UH U9 as an example. Additionally, providers are eligible for four rate enhancements: a) \$1.32 per hour for conducting in-services for CNAs; b) Up to \$1.32 per hour for accreditation; c) \$2.00 for patient/client and worker satisfaction; and d) \$1.56 per hour for achieving a minimum CNA and homemaker staff ratio that completed a behavioral health training program sponsored by the Rhode Island Department of Labor and Training and instructed by Rhode Island College. Similarly, S5130 is billed for homemaking services at \$6.35 per unit and is applicable for enhanced rates for patient/client and worker satisfaction and behavioral health training completion. Each of these modifiers and enhancements have requirements attached to maintain such rates higher than the base rate. These requirements may include a 100% wage-pass through to the CNA or homemaker. Plus, some of these rate enhancements or modifiers may not be applicable to all providers across the board. Creating an average of the base rate plus potential utilization of some modifiers or enhancements that may or may not apply per provider per case per unit does not compute a true base rate for all providers. Thus, these composite Rhode Island rates skew the comparison to other states’ base rates.

Separately, skilled nursing and therapeutic rates in a home-setting have been woefully underfunded for decades. Unlike paraprofessional rates, which were one of the primary focuses of the Reinventing Medicaid⁵ initiative of then-Governor Raimondo’s administration, skilled rates remained stagnant. Until the annual cost inflation factor statute⁶ passed in 2018, skilled care did not receive rate increases at any frequency. The last increase prior to that point was a 9% increase in state fiscal year 2008 (SFY08), which was rescinded the following fiscal year due to the looming national financial crisis. Prior to that, skilled providers received a 2% increase in SFY02. While providers have suffered workforce constraints with CNAs, registered nurses (RNs), physical therapists, occupational therapists, speech-language pathologists and social workers are difficult to replace as facility-based settings have greater access to funds through higher reimbursement rates, regulatory

³ “Report 8 - Phase 1: An assessment and reporting of national and regional Medicaid rates in comparison to Rhode Island social and human service provider rates” Office of the Rhode Island Health Insurance Commissioner. “Figure 1: Summary of Available Medicaid Rate Comparisons”. Page 3, May 26, 2023. <https://ohic.ri.gov/sites/g/files/xkgbur736/files/2023-05/Social%20and%20Human%20Service%20Programs%20Review%20-%20Report%208.pdf>.

⁴ “Nonskilled Home Care Services Rate Increase as of 7/1/23”. Email to Rhode Island Medicaid-contracted home care providers, June 21, 2023. Gainwell Technologies on behalf of Rhode Island Executive Office of Health and Human Services.

⁵ Reinventing Medicaid: <https://eohhs.ri.gov/initiatives/reinventing-medicaid>.

⁶ G.L. § 40-8.9-9(f)(3)(iv): <http://webserver.rilegislature.gov/Statutes/TITLE40/40-8.9/40-8.9-9.htm>.

safety nets, endowments, donations and grants. Providers report to me that they offer on average 35% less for a starting wage for skilled professionals based on current reimbursement rates. In some cases, their reimbursement rates are less than the wages for nurses at a hospital or a skilled nursing facility. Additionally, providers need nurses to meet federal and state statutory and regulatory requirements to oversee patient and client care and supervise CNAs. Because skilled services performed by home care providers are not included in the final report, the General Assembly must be advised that little action can be taken on the paraprofessional recommendations within the final report because home care providers will still need more skilled professionals to sustain and expand access to home care services.

Based on survey information to the participating organizations of the six New England home care and hospice associations⁷, the Rhode Island Partnership for Home Care was able to acquire relevant clinical procedure codes and rates^{8 9 10 11 12} for skilled care at home:

SKILLED HOME CARE RATES - RHODE ISLAND

DESCRIPTION	PROCEDURE CODE	RI FFS RATE
RN, PT, OT and SLP Per Visit	X0043	\$117.16
CNA per skilled home care unit (not for personal care or homemaking that is billable with S5125 or S5130)	G0156	\$7.71

SKILLED HOME CARE RATES - CONNECTICUT

DESCRIPTION	PROCEDURE CODE	CT FFS RATE (UNIT RATE)
RN	G0493	\$60.82
LPN	G0494	\$60.82
Physical Therapist	G0151	\$24.63
Occupational Therapist	G0152	\$24.63
Speech and Language Pathologist	G0153	\$24.63
Home Health Aide (Skilled Setting)	G0156	\$10.18

⁷ Connecticut Association for Healthcare at Home; Home Care Alliance of Massachusetts; Home Care and Hospice Alliance of Maine; Home Care, Hospice and Palliative Care Alliance of New Hampshire; and the Visiting Nurse Associations of Vermont; as well as the Rhode Island Partnership for Home Care

⁸ Connecticut Medicaid Program Rates: https://www.ctdssmap.com/CTPortal/Information/Get-Download-File?Filename=refw242_feesched_hhlth_16.pdf&URI=fee_schedules/refw242_feesched_hhlth_16.pdf

⁹ Massachusetts Medicaid Program Rates: <https://www.mass.gov/doc/101-cmr-350-rates-for-home-health-services/download>

¹⁰ Maine Medicaid Program Section 40 (Home health care) reimbursement rates schedule

¹¹ New Hampshire Medicaid Program Rates: <https://nhmmis.nh.gov/portals/wps/wcm/connect/54972c59-4138-4246-8262-79cb9dd4b823/2023+Fee+Schedule+-+HCBC+CFI+Covered+Procedure+Codes+with+SA+Requirement++09-01-2023.pdf?MOD=AJPERES&CVID=oFHJVRP>

¹² Vermont 2023 Medicaid Program Home Health, Palliative Care and Pediatric Rates Schedule: https://humanservices.vermont.gov/sites/ahsnew/files/doc_library/23-001-F-GCR-HH-HT-Pediatric-Palliative-Rates-CY2023.pdf

SKILLED HOME CARE RATES - MASSACHUSETTS

DESCRIPTION	PROCEDURE CODE	MA FFS RATE
RN	G0299	\$107.88
LPN	G0300	\$87.43
Physical Therapist	G0151	\$94.05
Occupational Therapist	G0152	\$97.06
Speech and Language Pathologist	G0153	\$99.55
Home Health Aide (Skilled Setting)	G0156	\$10.18

SKILLED HOME CARE RATES - MAINE

DESCRIPTION	PROCEDURE CODE	ME FFS RATE (UNIT RATE)
RN	G0299	\$35.11
LPN	G0300	\$24.58
Home Health Aide (Skilled Setting)	G0156	\$15.91
Occupational Therapist	G0152	\$38.65
Occupational Therapist Assistant	G0152 TF	\$27.06
Physical Therapist	G0151	\$38.39
Physical Therapist Assistant	G0151 TF	\$26.88
Speech and Language Pathologist	G0153	\$41.71
Speech and Language Pathologist Assistant	G0153 TF	\$29.20
Clinical Social Worker	G0155	\$38.64

SKILLED HOME CARE RATES - NEW HAMPSHIRE

DESCRIPTION	PROCEDURE CODE	NH FFS RATE
CNA per skilled home care unit (not for personal care or homemaking that is billable with S5125 or S5130)	G0156	\$6.93
RN, PT, OT and SP Per Visit	X0043	\$108.83

SKILLED HOME CARE RATES - VERMONT

DESCRIPTION	REVENUE CODE	VT FFS RATE
Physical Therapy	420	\$153.77
Occupational Therapy	430	\$154.83
Speech Therapy	440	\$167.15
Skilled Nursing (Services and Visits)	550/551	\$140.69
Medical Social Services (Social Worker)	560	\$225.50
Home Health Aide (Skilled Setting)	570	\$63.70

Comparing the rates of Rhode Island to an average of the five other New England states, Rhode Island's skilled rates are grossly underfunded by the following percentages:

RHODE ISLAND - NEW ENGLAND SKILLED HOME CARE RATES

DESCRIPTION BY PROFESSIONAL OR PARAPROFESSIONAL LEVEL OF SERVICE	RI FFS HOURLY RATE	NEW ENGLAND AVERAGE FFS RATE MINUS RHODE ISLAND FFS RATE	PERCENTAGE DIFFERENTIAL
RN	\$117.16	\$148.22	26.5%
LPN	\$117.16	\$135.71	15.8%
Physical Therapist	\$117.16	\$121.75	3.9%
Occupational Therapist	\$117.16	\$122.77	4.8%
Speech and Language Pathologist	\$117.16	\$128.18	9.4%
Home Health Aide (Skilled Setting)	\$30.84	\$47.30	53.4%

Based on SFY22 Medicaid spending data for skilled home care services, additional funding is needed beyond the final report's recommendation:

ADDITIONAL FUNDING NEEDED BEYOND FINAL REPORT RECOMMENDATION

SERVICE CATEGORY DETAIL	BASELINE EXPENDITURES	% CHANGE	EXPENDITURE ESTIMATES USING PROPOSED RATES	DIFFERENCE
Skilled Care (RN, PT, OT, SLP, SW)	\$1,286,682	18.9%	\$1,529,864	\$243,183

The additional \$243,183 needed may fluctuate as the Executive Office of Health and Human Services does not release SFY23 Medicaid spending data for all home care, home health and hospice services until at least October 1, 2023.

However, the industry is concerned that a quarter-million dollar increase in aggregate skilled care reimbursement will not be enough to meet labor market expectations. Under current reimbursement, nurses (RNs) are paid approximately \$40.00 per hour. In order to be market competitive, reimbursement rates would need to increase by 37.5% to meet a minimum of \$55.00 per hour for RNs. Similarly, physical and occupational therapists are seeking \$70.00 per hour on average, which would represent a need for a 75% rate increase in order to become labor market competitive. The labor costs do not include the additional expenses for providing skilled care services in the home, including, but not limited to electronic medical systems and ongoing training, electronic visit verification systems and ongoing training, quality metrics tracking systems and ongoing training, and the rising costs of medical equipment and supplies.

It is the request of the Rhode Island Partnership for Home Care that OHIC leadership take the following actions: 1) Review the flaws of using composite rates as its recommendations to increase base rates for Medicaid-contracted home care services and revise its recommendations based on comparative base rates; and 2) Validate the skilled rate data provided in this statement and recommend at least an 18.9% increase for nursing services provided by home care.

Questions concerning this appeal can be directed to the Rhode Island Partnership for Home Care:
Nicholas Oliver, MPA, CAE, Executive Director at (401) 351-1010 or director@riphc.org.

Newport Mental Health
 submitted by: Jamie Delane, CEO

9.21.23
 OHIC Rate Change Analysis

In general, the rate increases will have at best a marginal positive effect. The average rate increase is 18.9% for the services NMH currently provides. There are three areas of concern. (1) Although the residential rates are increasing the rates are still below what it costs to deliver the program. (2) They lowered the rates for APRN's and for (3) biopsychosocial assessment. Cyndi and I are trying to cobble together the financial impact of the latter two concerns. I have projected the increase for residential in the detail below:

Provider Type	Average of Change
LCDP	19.2%
LICSW's, LCSW's	19.2%
LMHC's	21.1%
PCNS, APRN	-9.6%
Principle Counselor's	15.5%
Psychiatrists	20.0%
RN's	22.5%
Other	27.8%
Grand Total	18.9%

MHPRR rates have been increased by 25.9%.

- Group Home rate increase from \$125 to \$157.42 per bed day. Projected annual impact at current level of performance is positive \$83,216. - still leaves a \$ 225,000 loss
- Freedom Apartment rates increase from \$85 to \$107.04 per billable day. Projected annual positive impact at current level of performance is positive \$26,400. - still leaves a \$79,000 loss

APRN rates are decreased across the board, despite the current employment market consistently increasing the salary rate for APRN. The Oyster Compensation Analysis for APRN's indicates the following: At 25% the annual salary for an APRN is \$110,545, at 50% the salary for an APRN is \$121,620 and at 75% the salary for an APRN is \$133,932. CPT codes 99213/20-29 minutes and 99214/30 to 39 minutes, the most common billing codes for APRNs, have decreased by 33% and 26.2% respectively. There was no rate provided for 99212 for APRNs in the table. APRN rates are reduced to 57% the rate of MDs for a 99213.

Biopsychosocial Assessment – 90791 – This rate was decreased by 2.2% for Licensed Social Workers and Licensed Mental Health Counselor. This decrease is inconsistent with an average increase of 20% in rates for these two provider categories. Initial assessments are extensive evaluations that take significant time both with the client and evaluating the multiple evidenced-based tools to accurately diagnose and determine needed level of care and services.