

MILLIMAN REPORT

Social and Human Service Programs Review: Medicaid Rate Comparison

State of Rhode Island, Office of the Health Insurance Commissioner

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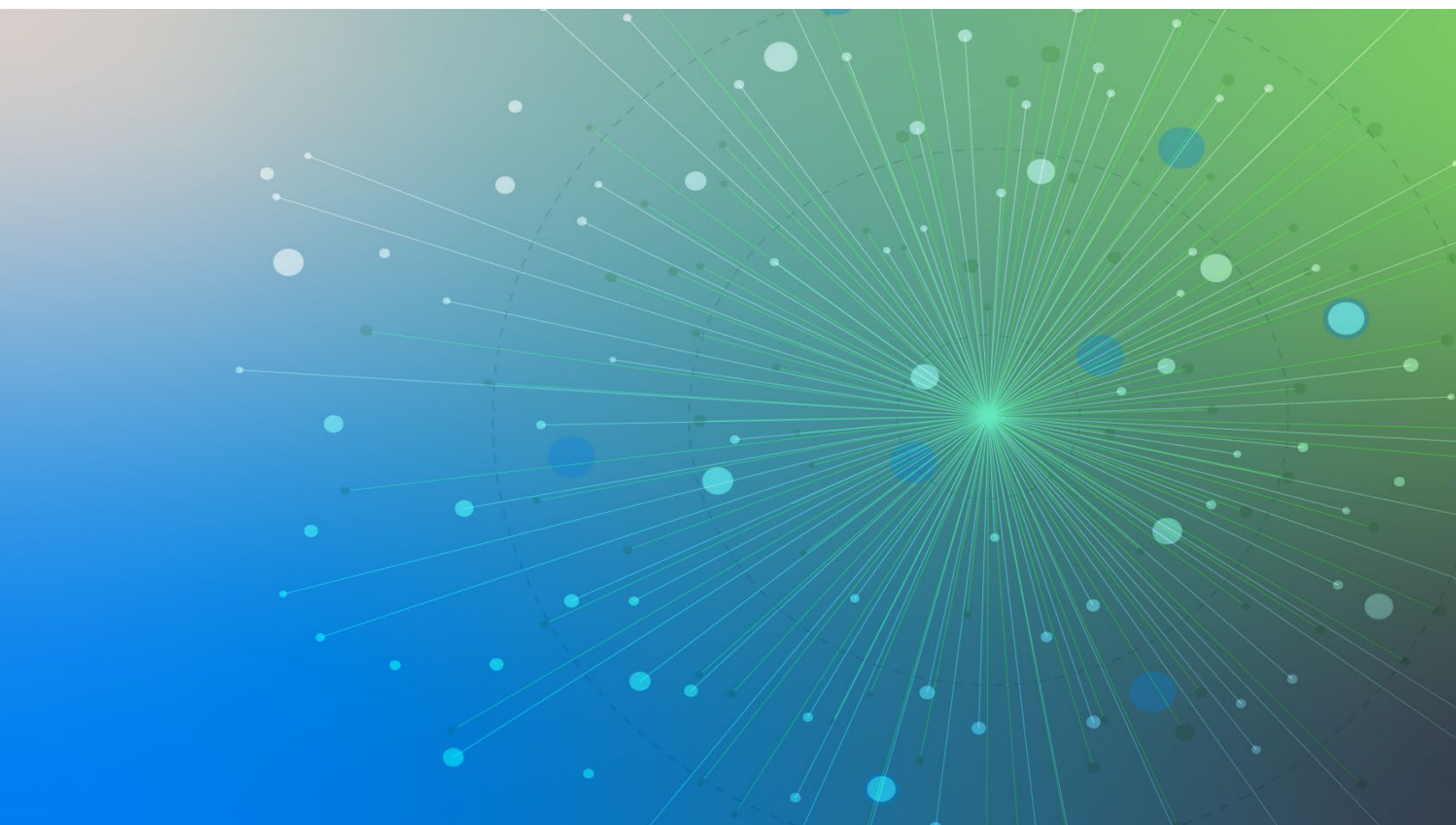




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Background

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 first iteration of the Social and Human Service Programs Review was completed in 2023, culminating in the publication of OHIC's final report and rate recommendations on September 1, 2023. The mandated public meeting subsequently took place on September 22, 2023.¹ This report is part of the 2025 cycle of the review, which is scheduled to conclude with the release of OHIC's final report and rate recommendations by September 1, 2025, followed by a public meeting in September 2025.

The rate recommendations included in OHIC's final September 1, 2023, report were focused on the Medicaid program. Rhode Island largely adopted and funded OHIC's recommended rates for both the Medicaid fee-for-service (FFS) and managed care programs with an effective date of October 1, 2024. The status of the rate implementation (along with other rate initiatives) is available on the EOHHS website.²

This report addresses RIGL § 42-14.5-3(t) task 8: "an assessment and reporting of national and regional Medicaid rates in comparison to Rhode Island social and human service provider rates." This report provides a comparison of certain Rhode Island provider rates for Rhode Islanders with intellectual and developmental disabilities (I/DD) to comparable rates for services provided in Connecticut, Maine, Massachusetts, New Hampshire, and Vermont. To assist with illustrating meaningful comparisons, we adjusted the comparator Medicaid rates to control for variations in units of service, modifier use, and other relevant factors to the extent possible. Given the manual nature of this review, this report does not include comparison to Medicaid provider reimbursement rates across all states and territories nationally and is subject to data availability limitations described in this report.

The purpose of this report is to provide a comparison of the reimbursement levels for the selected services to those of surrounding states which may have similar populations, work forces, labor costs, and with which Rhode Island may compete for the supply of healthcare labor resources.

¹ The reports and meeting material for the Social and Human Service Programs Review is available at <https://ohic.ri.gov/regulatory-review/social-and-human-service-programs-review>.

² For more information see <https://eohhs.ri.gov/FY25-Medicaid-Rates>

Executive Summary

For this report, we focused the analysis on a select set of Medicaid covered service codes for Rhode Islanders with intellectual and developmental disabilities (I/DD) that are administered by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH).³ This report builds upon the benchmarking analysis completed under task 8 in 2023.⁴ The provider rate comparison research conducted for this analysis revealed many variations in service delivery requirements, billing units, procedure codes and modifiers, and reimbursement structures across the comparator states. These differences limited the extent to which valid comparisons can be made.

Rhode Island's I/DD rates are authorized under Rhode Island's section 1115(a) demonstration titled, "Rhode Island Comprehensive Demonstration".⁵ The I/DD payment rates were last reviewed as part of a 2022 comprehensive rate study and the current fee schedule is for fiscal year 2025.^{6,7}

We identified a service with the highest state fiscal year (SFY) 2024 Medicaid expenditures from each service category included in the 2022 comprehensive rate study and compared the selected services to other states' services that are closely aligned in both service requirements and delivery.⁸ For example, we limited the comparison, to the extent possible, to rates that were not based upon an acuity tier or group size, since the tiers and group size assumptions may vary from state to state. Even when looking at single services within a service category, there is significant variation around the service requirements and timing of the rate setting processes in other state Medicaid programs (e.g., fee schedules may have the same effective date but there may be a large difference between when states completed a comprehensive rate study or updated their rates).

Rhode Island SFY 2024 Medicaid expenditures for people receiving I/DD services were \$402 million. Figure 1 below summarizes the expenditures by service category.

FIGURE 1: SFY 2024 I/DD PAID CLAIMS BY SERVICE CATEGORY

SERVICE CATEGORIES	TOTAL PAID CLAIMS	PERCENT OF EXPENDITURES
CENTER-BASED	\$ 7,766,023	1.9%
COMMUNITY SUPPORTS	\$ 145,664,259	36.2%
EMPLOYMENT	\$ 20,909,816	5.2%
OTHER	\$ 17,004,143	4.2%
PROFESSIONAL SERVICES	\$ 1,408,419	0.3%
RESIDENTIAL	\$ 183,611,696	45.6%
SELF-DIRECTION	\$ 5,405,335	1.3%
SHARED LIVING	\$ 21,011,223	5.2%
TOTAL	\$ 402,780,914	100.0%

³ For the purposes of this report, Rhode Island's approved section 1115(a) demonstration includes individuals with an intellectual and/or developmental disability. When comparing other states throughout this report, we will also include individuals diagnosed with acquired brain injuries or autism spectrum disorder under the definition of I/DD.

⁴ Social and human service programs review: Medicaid rate comparison. Rhode Island, Office of the Health Insurance Commissioner. August 31, 2023. <https://ohic.ri.gov/sites/g/files/xkgbur736/files/2023-08/OHIC%20Social%20and%20Human%20Service%20Programs%20Review%2C%20Medicaid%20Rate%20Comparison.pdf>

⁵ CMS Approval Letter for Rhode Island Comprehensive Demonstration (Project Number 11-W-00242/1). January 22, 2024. <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ri-compr-demo-rate-aprvl.pdf>

⁶ Rate and Payment Methodology Review Project. <https://bhddh.ri.gov/developmental-disabilities/initiatives/rate-and-payment-methodology-review-project>

⁷ Department of Behavioral Healthcare, Developmental Disabilities & Hospitals DD Services Rate Table. February 4, 2025. SFY 2025 Fee Schedule. <https://bhddh.ri.gov/sites/g/files/xkgbur411/files/2025-02/DD%20Services%20Rate%20Table%202.4.25.pdf>

⁸ Select services include: community supports (day services), community supports (community services), nursing services (by a registered nurse), community residence supports, supported employment (group). SFY 2024 prevocational services had the highest employment services expenditures; however, that service was folded into the community-based/center-based supports service as part of the 2022 rate study. We replaced prevocational services with group supported employment services. Center-based facility day services were excluded from the comparison analysis due to a lack of meaningful individual service rate comparisons across states. To replace center-based facility day services, we included community-based day services.

OBSERVATIONS AND RESULTS

We documented key observations for each service considered within this report. These observations include discussion of rates, billing units, acuity tiers, and other service delivery differences. Please see the “Methodology” section of this report for noted variations in service delivery requirements, billing units, procedure codes and modifiers, and reimbursement structures across the comparator services. Further details, data sources, and comparisons by state can be found in the body of this report and within the supporting appendices.

Figure 2 below shows the rate differences between Rhode Island and other states by service category.

FIGURE 2: RATES COMPARISON BY STATE AND SERVICE CATEGORY

STATE	SERVICE NAME	RATE	PERCENT VARIANCE
Community Supports (Day Services)			
Rhode Island	Community-based Supports	\$12.36	Baseline
Connecticut	Individualized Day Supports	\$11.08	10.4%
Maine	Community Supports / Community Membership - Individual	\$12.54	(1.5%)
Massachusetts	N/A	N/A	N/A
New Hampshire	N/A	N/A	N/A
Vermont	Community Supports, Non-Facility Individual	\$16.64	(34.6%)
Community Supports			
Rhode Island	Community-based Supports	\$12.36	Baseline
Connecticut	Personal Supports	\$12.43	(0.6%)
Maine	Home Support	\$10.94	11.5%
Massachusetts	In-Home Supports	\$9.09	26.5%
New Hampshire	Community Support	\$7.00	43.4%
Vermont	N/A	N/A	N/A
Residential Supports			
Rhode Island	Residential care not otherwise specified, waiver, per diem (Group Home)	\$293.79	Baseline
Connecticut	Community Living Arrangements (CLA)	N/A	N/A
Maine	Residential Home Support (Habilitation, residential, waiver)	\$94.48	67.8%
Massachusetts	Residential Supports	\$354.06	(20.5%)
New Hampshire	Residential Habilitation, i.e. Personal Care	\$69.61	76.3%
Vermont	Group Living, Three and Four Participant Homes	\$480.81	(63.7%)
Professional			
Rhode Island	Rn nurse service/15 minutes, Community	\$24.20	Baseline
Connecticut	RN services, up to 15 minutes (must bill with S9123)	\$24.63	(1.8%)
Maine	Services of skilled nurse in home health setting (RN)	\$38.97	(61.0%)
Massachusetts	Continuous skilled nursing services, Agency, RN Weekday	\$23.61	2.4%
New Hampshire	N/A	N/A	N/A
Vermont	RN services, up to 15 minutes	\$13.51	44.2%
Employment			
Rhode Island	Group Supported Employment	\$5.79	Baseline
Connecticut	Group Supported Employment	N/A	N/A
Maine	Work Support (Supported Employment)	\$5.20	10.2%
Massachusetts	Group Supported Employment Services	\$5.88	(1.6%)
New Hampshire	Supported Employment	\$5.23	9.7%
Vermont	Ongoing Support to Maintain Employment	\$6.97	(20.4%)

Notes:

- Rhode Island's Community-Based Supports service specifically excludes home settings, while other states permit the community support service to extend to in-home activities. For comparative purposes, we included other states services that are both in the community and in the home.

- Connecticut's Individualized Day Supports is paid in an hour unit, which was converted to a 15-minute unit.

- All rates are 15-minute units, except Residential Services that are per diem units.

Appendix 1 contains a state-by-state comparison of each service and corresponding payment rate.

Appendix 2 contains the sources for each comparison rate.

Methodology

Milliman conducted a comparative review of the five other New England states (Connecticut, Maine, Massachusetts, New Hampshire, and Vermont) to Rhode Island related to payment rates for Medicaid covered services for people with I/DD. The five services under review are day program services, community support services, community residential services, group supported employment services, and nursing services. These states were selected due to their regional similarities with Rhode Island in cost of living, workforce, and population demographics. In addition, we selected these states to recognize the potential for local providers to select their place of employment or service area based on available reimbursement levels given their proximity to Rhode Island. To complete this work, we reviewed publicly available information, including section 1915(c) waiver amendments, administrative code and coverage policies, fee schedules, and other applicable materials.

There is significant variation around the timing structure of the rate setting processes in other states, including when a comprehensive rate study was last completed, when and what sources are used to adjust rates (e.g., annually, bi-annually, or some other schedule for an inflationary adjustment), when a fee schedule is effective, and whether services are carved in or carved out of Managed Care. To complete this work, Milliman conducted independent research to identify how Medicaid programs in Connecticut, Massachusetts, Maine, New Hampshire, and Vermont pay for similar I/DD services as well as any anticipated future rate adjustments.

We completed the following steps to complete this research:

- Reviewed fee schedules on state Medicaid websites and/or I/DD program websites, including rate study materials.
- Researched section 1915(c) waiver application documents, specifically the service definitions in Appendix C and rate methodology in Appendix I2a, as well as section 1115(a) documents, when applicable.
- Scanned administrative code and other applicable state requirements.
- Researched other publicly available documents pertaining to rate setting and development, such as state policy guidance documents, provider memos and communications, provider training materials, workgroup minutes and presentations, and legislative reports.

Milliman collected and summarized the applicable research into tables that were grouped by similar services across the comparative states. We limited our analysis to services that represented a similar service delivery arrangement when compared to other states (i.e., we attempted to normalize the rates to improve comparability). For example, many states adjust rates by group size or acuity tier. To the extent possible, we selected services representing the same group size and/or rates that exclude acuity adjustments. Additional variation between services exists in how and where services are delivered, provider qualifications, and policies across the array of I/DD services. To limit this variation, we attempted to compare services with similar core activities included in the foundational service requirements.

Vermont has released a rate study that is being considered by the legislature. We compared Rhode Island to the recent Vermont rate study because the current Vermont fee schedule includes most services under a bundled rate.

NEW ENGLAND LANDSCAPE

The New England states of Connecticut, Massachusetts, Maine, New Hampshire, and Vermont all share information about their current rates and adjustments to their rates; however, the timing, scope, and published materials to support the rate changes differs among states. We have summarized each state and their I/DD rates in the below table:

Connecticut

Connecticut's Department of Developmental Services (DDS) administers three 1915(c) waiver programs that authorize Connecticut's I/DD Medicaid services: Comprehensive Supports, Individual and Family Support, and Employment and Day Support. Connecticut most recently updated their payment rates in 2024 with a January 1, 2025 effective date. There is no indication of a formal rate methodology review process for I/DD services on the DDS website. The last comprehensive external review was through the Connecticut General Assembly's detailed January 2012 program review⁹, which resulted in the current acuity adjustment rate approach. Given the time since the last rate review, the wages assumed in the current rates are unknown. However, DDS contracted with a consulting firm to examine Medicaid reimbursement rates, with a two-part report finalized in December 2024 and recommendation for a future comprehensive rate study.¹⁰

Maine

Maine's Department of Health and Human Service's Office of Aging and Disability Supports operates three 1915(c) waiver programs: two programs for Adults with Intellectual Disabilities or Autism Spectrum Disorder (one for Home and Community Services and the other for Support Services) as well as one for Home and Community Services program for Adults with Other Related Conditions. Maine is currently designing a new waiver program (Lifespan waiver) concurrently with an initiative from the Office of MaineCare Services to reform Medicaid rates. The initiative's website lists HCBS I/DD services as "in-progress" with the most recent documents dated 2023.¹¹ Maine has contracted with a vendor for this rate study. The state also conducted an I/DD rate study in 2020 (not publicly available), which is referenced in Appendix K materials.¹² Appendix K notes an assumption for a "minimum hourly salary for the Direct Support Professional of \$14.76" based on the 2020 report.

Massachusetts

Massachusetts operates three I/DD section 1915(c) waiver programs through the Executive Office of Health and Human Services (EOHHS)'s Department of Developmental Services. The three waivers are Adult Supports, Community Living, and Intensive Supports. Massachusetts uses a purchasing system to award contracts to providers. The EOHHS administers the purchasing system and routinely updates fee schedules. For certain 1915(c) waiver services, the waiver technical documentation¹³ states that EOHHS uses "Bureau of Labor Statistics data for median wages paid to relevant staff titles in Massachusetts during the most recent reporting year available. Tax, fringe, and administrative rates are benchmarked to rates established by the Massachusetts Office of the State Comptroller." The waivers also state that the non-salary components are determined by a review of cost reports submitted by providers. In 2021, Massachusetts implemented an overhauled rate methodology for adult long-term residential services where direct care salaries were set at \$15.48 for basic services (March 2020).¹⁴ The state fee schedules are updated regularly by EOHHS, but no formal external rate study has been conducted and the most recent wages assumed in the rates are unknown.

New Hampshire

New Hampshire's Department of Health and Human Services Bureau of Developmental Services (BDS) administers two 1915(c) developmental disabilities waiver programs, one for adults (Developmental Disabilities) and one for children (In Home Supports for Children with Developmental Disabilities). New Hampshire is currently undergoing a rate study, which kicked off in 2022 and lists data collection deadlines in early 2025. According to the BDS website, the waiver uses rates developed in 2007 and the waiver technical documentation states that the historical rate methodology is unknown.¹⁵ Stakeholder presentations for the current rate study identify that draft model assumptions and a three-year implementation schedule for new rates, beginning in July 2025.

⁹ Provision of Selected Services for Clients with Intellectual Disabilities. Connecticut General Assembly, Legislative Program Review & Investigations Committee. January, 2012.

https://www.cga.ct.gov/pri/docs/2011/Committee_Approved_Dual_Provider_Final_Committee_Report.PDF

¹⁰ Connecticut Department of Social Services, Division of Health Services; Phase 2 Report. Accessed March 14, 2025.

https://www2.housedems.ct.gov/pubs/DSS_Medicaid_Rate_Study_Phase_1_and_2.pdf

¹¹ MaineCare Rate System Reform, Department of Health and Human Services. Accessed March 6, 2025.

<https://www.maine.gov/dhhs/oms/providers/mainecare-rate-system-reform>

¹² Appendix K, ME0995.R01.09, ME.0159.R07.05, ME.0467.R02.08. August 9, 2021. <https://www.medicaid.gov/state-resource-center/downloads/me-0995-0159-0467-combined-appendix-k-appvl.pdf>

¹³ Community Living Waiver, MA.0826.R03.02, Appendix I-2-a. Approved September 1, 2024.

<https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82021>

¹⁴ Adult Long-Term Residential (ALTR) FY2021 Rates, Department of Developmental Services. March 10, 2020.

<https://www.mass.gov/doc/fy2021-new-eohhs-altr-rate-methodology-presentation-march-20-2020/download>

¹⁵ Developmental Disabilities Waiver, NH.0053.R07.07, Appendix I-2-a. Approved July 1, 2023.

<https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82526>

Vermont

Vermont administers I/DD services under the state's 1115 demonstration "Vermont Global Commitment to Health." The Developmental Disabilities Services Division operates under the state's Agency of Human Services' Disabilities, Aging, and Independent Living Department. Vermont initiated a comprehensive rate study in May 2024. As of a February 2025 project update presentation¹⁶, the state is currently collecting provider feedback on a small number of services, including nursing services. The project update materials suggest that the proposed rates, which were used for comparison in this report, will be finalized in spring/early summer 2025.

SERVICE RATE ANALYSIS

We focused our benchmarking analysis on the Rhode Island I/DD Medicaid services included under the 2022 comprehensive rate study. Below is a summary of each service included in the comparative benchmarking analysis and key observations from our analysis. See Appendix 1 for a state-by-state comparison of each service and corresponding payment rate.

COMMUNITY SUPPORTS: COMMUNITY-BASED SUPPORTS (DAY PROGRAM)

- **Service Definition** — Day services delivered outside of an individual's residence, including residential facilities.
- **Billing Units** — Services are reimbursed in 15-minute and hourly increments. We normalized hourly units and converted them to 15-minute units for comparison purposes.
- **Rate Comparison** — The Rhode Island rate for day services delivered in community settings is the second lowest compared to the other New England states. The Rhode Island rate is 35% lower than the rate for Vermont, 1.5% lower than the rate for Maine, and 10% higher than the rate for Connecticut.
- **Service Comparison** — States vary in the degree to which day services are delivered in community or center-based settings (i.e., within the walls of a provider's facility). Some states, such as Maine, have a single service with different rates and/or billing code modifiers to distinguish between setting type. Other states, such as Rhode Island and Massachusetts, have separate services with distinct rates, billing codes, and billing units. Day services vary on whether transportation costs are included in the rates, as in Vermont, or whether transportation is billed separately. New Hampshire has a community participation day service; however, we were unable to confirm if this is an individual or group rate. Massachusetts has community-only day supports with an option for "without walls" services that are delivered in a group.

COMMUNITY SUPPORTS: (INDIVIDUAL) COMMUNITY SUPPORT SERVICES

- **Service Definition** — Support and supervision to carry out daily life activities at home and in community settings.
- **Billing Units** — Services are reimbursed in 15-minute increments.
- **Rate Comparison** — The Rhode Island rate for community support services is higher than most other New England states. The Rhode Island rate is nearly equal to Connecticut (Rhode Island is 0.6% lower than Connecticut) but is 11% higher than the rate for Maine, 26% higher than the rate for Massachusetts, and 43% higher than the rate for New Hampshire.
- **Service Comparison** — Rhode Island's community-based supports service specifically excludes home settings, while other states permit the community support service to extend to in-home activities. For comparative purposes, we included other states services that are both in the community and in the home. These services vary on whether transportation costs are included in the rates, as in Rhode Island, Maine, and New Hampshire, or whether transportation is billed separately. The states also vary in service definition emphasis on personal care activities versus activities such as grocery shopping or banking. Vermont has no comparable service.

¹⁶ Developmental Services Payment Reform Project Updates. HMA-Burns. February 26, 2025.
https://ddsd.vermont.gov/sites/ddsd/files/documents/Payment_Reform_Updates_2025-02-26_Final.pdf

RESIDENTIAL: COMMUNITY RESIDENCE SUPPORT SERVICES

- Service Definition — Services provided in a home setting that is subject to licensure, to assist with the acquisition, retention, or improvement in skills related to living in the community, personal care, and protective oversight and supervision. This report reflects group homes with four individuals.
- Billing Units — Services are reimbursed in per diem (daily) increments, per person or per site.
- Rate Comparison — The Rhode Island rate for group residential services is 64% lower than the rate for Vermont, 21% lower than the rate for Massachusetts, 68% higher than the rate for Maine, and 76% higher than the rate for New Hampshire.
- Service Comparison — Residential services have the widest differences in cost between states of the services included in this comparative report. Nearly all the states have tiered rate systems, which adjust the payment rates according to the intensity of supports required by the people living in the home. For the purposes of this report, the lowest level of support was used, in a group size of four individuals; however, it is unknown the exact mix of services and support needs that are reflected within each state's tiers for residential services. Massachusetts has a distinct billing arrangement in which the per diem cost is based on the site, rather than based on an individual cost. The types of residential services and supports assumed in the rates influence the calculated group residential homes rates.

PROFESSIONAL SERVICES: NURSING SERVICES

- Service Definition — Skilled nursing services delivered by a registered nurse (RN) in a non-hospital setting.
- Billing Units — Services are reimbursed in 15-minute increments.
- Rate Comparison — The Rhode Island rate for nursing services is 61% lower than the rate for Maine, 1.8% lower than the rate for Connecticut, 2.4% higher than the rate for Massachusetts, and 44% higher than the rate for Vermont.
- Service Comparison — In all states except Rhode Island, the nursing service is administered through the state plan, and no comparable I/DD waiver service is available. States may use rate models which consider all staffing shifts equal, or like Massachusetts, they may set different rates for weekdays, nights, and holidays. For comparison purposes, we included Massachusetts' weekday registered nursing service. New Hampshire's private duty nursing is covered under managed care and there is no comparable service under their I/DD waiver.

EMPLOYMENT: GROUP SUPPORTED EMPLOYMENT

- Service Definition — Services delivered to groups of individuals who require supports and/or supervision to be successful as an employee.
- Billing Units — Services are reimbursed in 15-minute increments.
- Rate Comparison — The Rhode Island rate for group supported employment is 20% lower than the rate for Vermont, 1.6% lower than the rate for Massachusetts, 9.7% higher than the rate for New Hampshire, and 10% higher than the rate for Maine.
- Service Comparison — For comparative purposes, we included group supported employment services where the group size was listed as three. For Massachusetts, there is no change to the rate for the group size and we included the "small" group size that did not reference a numerical group size. These services vary on whether job discovery or exploration is included as part of the service. All states covered group employment services, but Connecticut did not list a rate.

Conclusion

Overall, we identified a high level of variability among the New England states in how I/DD services are reimbursed by Medicaid. The provider rate comparison research conducted for this analysis revealed many variations in service delivery requirements, billing units, procedure codes and modifiers, and reimbursement structures across the comparator states which limited the available comparisons. Generally, Rhode Island, Vermont (proposed), and Massachusetts pay the highest I/DD rates compared to other neighboring states. This research, in combination with the other rate analysis reports required under RIGL § 42-14.5-3(t), can be used in informing the 2025 OHIC rate recommendations.

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.

Beyond the examples above, service delivery differences may exist based on required staff ratios, service delivery requirements and practice patterns, or provider administrative and oversight requirements. Differences in service delivery not explicitly outlined in Medicaid provider manuals are not easily identified and quantified. We expect certain service requirements and billing practices to exist between state programs and will change over time; the results of this analysis should be considered current as of a point in time. The potential for these differences should be considered in evaluating the rate benchmarks illustrated in this report. Materials that are not publicly available or that were not found during our scan may impact the results of this analysis. We have reviewed the rates, including their sources for consistency, reasonableness, and appropriateness to the intended purpose. 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 results of this report 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. Ian McCulla is a member of the American Academy of Actuaries and meets the qualification standards for performing the analyses in this report.

Appendix 1A: Community Supports (Day Services) Rate Comparison

State of Rhode Island Office of the Health Insurance Commissioner Appendix 1A Community Supports (Day Services)						
State	Service Name	Rate	Unit	Effective Date	Procedure Code/Modifier	Benchmark Notes
Rhode Island	Community-based Supports	\$12.36	15-minute	July 1, 2024	T2017	Individual rate (1:1), services are delivered in community-based settings and may include incidental time at provider operated "hubs."
Connecticut	Individualized Day Supports	\$ 44.43/ \$ 11.08	Per hour/15-minute	July 1, 2024	Not listed	Service occurs in non-facility settings. Published hourly rate that is used to set a budget amount.
Maine	Community Supports / Community Membership - Individual	\$12.54	15-minute	January 1, 2025	T2021; UA	Individual rate (1:1), services are delivered outside of a participant's home or facility setting.
Massachusetts	-	-	-	-	-	Massachusetts does not have a comparable individual (1:1) I/DD service. Community-only day supports "without walls" services are entirely community-based and delivered within a group.
New Hampshire	-	-	-	-	-	New Hampshire has a Community Participation service, i.e. Day Habilitation, Level 1 that is \$4.67 for a 15-minute unit (effective January 1, 2024); however, we are unable to confirm if this is an individual (1:1) rate.
Vermont	Community Supports, Non-Facility Individual	\$16.64	15-minute	Proposed 2025	T2021	Current FFS rate is listed as \$6.44/ 15-minute unit. Individual rate (1:1). Community supports includes transportation to access the community.

Appendix 1B: Community Supports Rate Comparison

State of Rhode Island Office of the Health Insurance Commissioner Appendix 1B Community Supports						
State	Service Name	Rate	Unit	Effective Date	Procedure Code/Modifier	Benchmark Notes
Rhode Island	Community-based Supports	\$12.36	15-minute	July 1, 2024	T2017	Individual rate (1:1), services are delivered in community-based settings specific to the person's needs and schedule, including transportation. This service cannot be delivered in residential settings.
Connecticut	Personal Supports	\$12.43	15-minute	July 1, 2024	Not listed	Support at home and in the community to carry out personal outcomes, including cuing and supervision.
Maine	Home Support	\$10.94	15-minute	January 1, 2025	T2017	Home and community settings, includes transportation.
Massachusetts	In-Home Supports	\$9.09	15-minute	July 1, 2024	Local Code: 3798	Level A, home and community settings. The service provides the support and supervision and includes elements of community habilitation and personal assistance.
New Hampshire	Community Support	\$7.00	15-minute	January 1, 2024	H2015; SE, U1, UA	Assistance provided to an individual to maintain basic daily living, transportation and community integration.
Vermont	-	-	-	-	-	No comparable I/DD service was found.

Note: Rhode Island's Community-Based Supports service specifically excludes home settings, while other states permit the community support service to extend to in-home activities.
For comparative purposes, we included other states services that are both in the community and in the home.

Appendix 1C: Residential Supports Rate Comparison

State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 1C
Residential Supports

State	Service Name	Rate	Unit	Effective Date	Procedure Code/Modifier	Benchmark Notes
Rhode Island	Residential care not otherwise specified, waiver, per diem (Group Home)	\$293.79	Per diem	July 1, 2024	T2033; U5	Lowest level of support (Tier A). Rate model assumes 4 residents per week.
Connecticut	Community Living Arrangements (CLA)	-	Not listed	July 1, 2024	Not listed	Level of Need: 1 - 4, 4 Beds \$32,772 is assumed to be the annual cost of services.
Maine	Residential Home Support (Habilitation, residential, waiver)	\$94.48	Per diem	January 1, 2025	T2016; UQ, U5	Support in either licensed homes or unlicensed private/family homes, 4 members served.
Massachusetts	Residential Supports	\$354.06	Per diem	July 1, 2024	Local Code 3153	4 bed capacity with 4.5 FTE. Basic level of support. Per diem site cost (\$1,416.23) / 4 residents = per diem for 1 resident.
New Hampshire	Residential Habilitation, i.e. Personal Care	\$69.61	Per diem	January 1, 2024	T1020; SE, U1, UA	Lowest level of support (Level 1).
Vermont	Group Living, Three and Four Participant Homes	\$480.81	Per diem	Proposed 2025	Not Listed	Lowest level of support (Category 1).

Appendix 1D: Professional Rate Comparison

**State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 1D
Professional**

State	Service Name	Rate	Unit	Effective Date	Procedure Code/Modifier	Benchmark Notes
Rhode Island	Rn nurse service/15 minutes, Community	\$24.20	15-minute	July 1, 2024	T1002; U5	I/DD service.
Connecticut	RN services, up to 15 minutes (must bill with S9123)	\$24.63	15-minute	January 1, 2021	T1002	Medicaid state plan rate. No comparable I/DD service was found.
Maine	Services of skilled nurse in home health setting (RN)	\$38.97	15-minute	January 1, 2025	G0299	Medicaid state plan rate. No comparable I/DD service was found.
Massachusetts	Continuous skilled nursing services, Agency, RN Weekday	\$23.61	15-minute	August 1, 2024	T1002	Medicaid state plan rate. No comparable I/DD service was found.
New Hampshire	-	-	-	-	-	- Private duty nursing is covered under managed care and there is no comparable service under New Hampshire's Developmental Disabilities Waiver.
Vermont	RN services, up to 15 minutes	\$13.51	15-minute	July 1, 2024	T1002	Medicaid state plan rate. No comparable I/DD service was found.

Appendix 1E: Employment Rate Comparison

**State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 1E
Employment**

State	Service Name	Rate	Unit	Effective Date	Procedure Code/Modifier	Benchmark Notes
Rhode Island	Group Supported Employment	\$5.79	15-minute	July 1, 2024	T2019; UP	Group rate (1:3), services are delivered at a work site by a job coach.
Connecticut	Group Supported Employment	Not listed	Not listed	Not listed	Not listed	Ongoing supports that assist participants in planning, locating, or developing skills at a job. It is conducted in a variety of settings, with a group size of 2 or more waiver participants.
Maine	Work Support (Supported Employment)	\$5.20	15-minute	January 1, 2025	H2023; UP	Group rate for three members served, services and training activities that are provided in regular business, industry and community settings for groups of two to six members.
Massachusetts	Group Supported Employment Services	\$5.88	15-minute	July 1, 2023	Local Code: 3181	Group size is listed as "small." Services assist individuals or groups of individuals to help them prepare for, acquire, and maintain integrated employment in the community for clients that require provider support and/or supervision.
New Hampshire	Supported Employment	\$5.23	15-minute	January 1, 2024	H2023; SE, U1, UA	Group size is unknown and rate is for Level 1. Services provide access to community-based employment and make available, based upon individual need and interest: employment supports, transportation to work, training and educational opportunities.
Vermont	Ongoing Support to Maintain Employment	\$6.97	15-minute	Proposed 2025	H2025	Three person rate. Involves activities needed to sustain paid work by the individual. These supports and services may be given both on and off the job site, and may involve long-term and/or intermittent follow-up.

Appendix 2: Service Definitions

State of Rhode Island Office of the Health Insurance Commissioner Appendix 2 Service Definitions					
Category	State	Service Name(s)	Definition	Source	Page (if applicable)
Residential Supports	Connecticut	Community Living Arrangements	Assist with the acquisition, improvement and /or retention of skills and provide necessary support to achieve personal outcomes that enhance an individuals ability to live in their community as specified in their Individual Plan. This service is specifically designed to result in learned outcomes, but can also include elements of personal support that occur naturally during the course of the day. Provision of these services is limited to licensed private CLAs, certified public operated DDS CLAs. Community Living Arrangements are an all inclusive residential support model. Not included in the payment for services in CLAs is an average of 30 hours per week when it is expected that participants will be receiving [day or employment services.] Examples of the type of support that may occur in these settings include: Provision of instruction and training in one or more need areas to enhance the individuals ability to access and use the community; implement strategies to address behavioral, medical or other needs identified in the Individual Plan; implement all therapeutic recommendations, mobility training, adaptive communication training, basic consumer skills such as shopping or banking, and all personal care activities.	Comprehensive Supports Waiver, CT.0437.R04.03, Appendix C. Approved April 1, 2024. https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81221	
Residential Supports	Maine	Residential Home Supports	Home Supports Services are Direct Support provided to improve and maintain a Member's ability to live as independently as possible in his or her home. Home Support may be provided in a licensed or unlicensed residential setting, or in any other residential setting where hours of support are routine or predictable. Home Support is Direct Support to a Member and includes habilitative training; assistance with ADLs and IADLs, development of safety skills and/or personal well-being. Within the scope of Home Support there may be activities that require that the service be carried over into the community. This is allowable as long as it does not duplicate community support services.	MaineCare Benefits Manual, Section 21 Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorder. May 22, 2022. https://www.maine.gov/sos/cec/rules/10/ch101.htm	85
Residential Supports	Massachusetts	Residential Supports	Residential site-specific programs that provide adult clients a place of overnight housing for an extended period in a residential facility with necessary daily living, physical, social, and clinical and/or medical support. The "Basic" category of ALTR service model is for clients who need daily intervention, supervision, and skills training in activities of daily living, managing within a home environment, and community integration. Individuals may require some physical assistance or accommodation due to cognitive and/or intellectual disability, including a mild-to-moderate developmental delay.	Massachusetts Executive Office of Health and Human Services. 101 CMR 420: Rates for adult long-term residential services. https://www.mass.gov/doc/101-cmr-420-rates-for-adult-long-term-residential-services/download	
Residential Supports	New Hampshire	Residential Habilitation, i.e. Personal Care	Residential Habilitation includes a range of individually tailored supports to assist with the acquisition, retention, or improvement of community living skills including but not limited to: Assistance with activities of daily living and personal care such as meal preparation, eating, bathing, dressing, personal hygiene, medication management, community inclusion, transportation, social and leisure skills, and adaptive skill development to assist the individual to reside in the setting most appropriate to his/her needs. Services and supports may be furnished in the home or outside the home.	Developmental Disabilities Waiver, NH.0053.R07.00, Appendix C. https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82526	61
Residential Supports	Rhode Island	Residential care not otherwise specified, waiver, per diem (Group Home)	Individually tailored 24/7 supports provided in a home setting that is subject to licensure, to assist with the acquisition, retention, or improvement in skills related to living in the community, personal care, and protective oversight and supervision.	Rhode Island Department Of Behavioral Healthcare, Developmental Disabilities & Hospitals: Division of Developmental Disabilities. Billing Policy Manual. December 27, 2024. https://bhddh.ri.gov/sites/g/files/xkgbur411/files/2025-01/DD%20Billing%20Manual%2012-27-2024%20-%20Final.pdf	7
Residential Supports	Vermont	Group Living	Group Living are supports provided in a licensed home setting for three to six people that is staffed full time by providers. Group Living is a subservice of Home Supports. Home Supports mean services, supports and supervision provided for individuals in and around their residences up to 24 hours a day, seven days a week (24/7). Services include support for individuals to acquire and retain life skills and improve and maintain opportunities and experiences for individuals to be as independent as possible in their home and community.	Developmental Disabilities Services Division. Developmental Disabilities Services Codes and Definitions for Home and Community-based Services. July 1, 2021. https://ddsd.vermont.gov/sites/ddsd/files/documents/DDSD_Service_Definitions.pdf	11, 12
Community Supports	Connecticut	Personal Supports	Assistance necessary to meet the individuals day-to-day activity and daily living needs and to reasonably assure adequate support at home and in the community to carry out personal outcomes. Cueing and supervision of activities is included. Provision of services is limited to the persons own or family home and/or in their community.	Comprehensive Supports Waiver, CT.0437.R04.03, Appendix C. Approved April 1, 2024. https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81221	135
Community Supports	Maine	Home Support	Home Support-Quarter Hour is an individually tailored Direct Support that assists Members with the acquisition, retention, or improvement in skills related to living in their own home (either owned or leased) within their community. Home Support – Quarter Hour is for Members who live independently or with others and who need less than 24-hour (1:1 in person) staff support per day. Support includes assistance with Activities of Daily Living, adaptive skill development, control of personal resources, transportation, and being prepared for opportunities to seek employment and to work in competitive, integrated settings.	MaineCare Benefits Manual, Section 21 Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorder. May 22, 2022. https://www.maine.gov/sos/cec/rules/10/ch101.htm	
Community Supports	Massachusetts	In-Home Supports	A broad range of service levels that assist clients in living as independently as possible within the community, encompassing support services customized to their specific needs in a variety of life activities on a regular or intermittent basis, and determined as necessary to prevent institutionalization. These services provide the assistance and supervision necessary for clients to establish, live in, and maintain, on an ongoing basis, a household of their choosing in a personal home or the family home, to meet their habilitative needs. These services may include teaching and fostering the acquisition, retention, or improvement of skills related to personal finance, health, shopping, use of community resources, community safety, and other social and adaptive skills to live in the community.	Massachusetts Executive Office of Health and Human Services. 101 CMR 423: Rates for certain in-home basic living supports. https://www.mass.gov/doc/101-cmr-423-rates-for-certain-in-home-basic-living-supports/download	
Community Supports	New Hampshire	Community Support Services	Community Support Services are intended for the individual who has developed, or is trying to develop, skills to live independently within the community. Community Support Services consist of assistance provided to an individual to improve or maintain his or her skills in basic daily living, transportation and community integration; to enhance his or her personal development and well being in accordance with goals outlined in the individual's service agreement.	Developmental Disabilities Waiver, NH.0053.R07.00, Appendix C. https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82526	92
Community Supports	Rhode Island	Community-based Supports	Direct support and assistance in or out of the individual's residence intended to achieve and/or maintain increased independence, productivity, enhanced family functioning, and inclusion in the community as outlined in the individual's ISP. Community-Based Supports include previous definitions of community-based supports, prevocational services, community-based day, and in-person response when called upon during access to overnight supports.	Rhode Island Department Of Behavioral Healthcare, Developmental Disabilities & Hospitals: Division of Developmental Disabilities. Billing Policy Manual. December 27, 2024. https://bhddh.ri.gov/sites/g/files/xkgbur411/files/2025-01/DD%20Billing%20Manual%2012-27-2024%20-%20Final.pdf	18
Community Supports	Vermont	N/A	N/A		
Community Supports (Day Services)	Connecticut	Individualized Day Supports	Services and supports provided to individuals tailored to their specific personal outcomes related to the acquisition, improvement and/or retention of skills and abilities to prepare and support an individual for work and/or community participation and/or meaningful retirement activities, or for an individual who has their own business, and could not do so without this direct support. This service may originate from the participant's home and is not delivered in or from a facility-based program.	Comprehensive Supports Waiver, CT.0437.R04.03, Appendix C. Approved April 1, 2024. https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81221	113
Community Supports (Day Services)	Maine	Community Supports / Community Membership - Individual	Community Support is provided by a Direct Support Professional employed by an OADS approved provider, in order to increase or maintain a Member's ability to successfully engage in inclusive social and community relationships and to maintain and develop skills that support health and well-being. This is a habilitative service with a focus on community inclusion, personal development, and support in areas of daily living skills if necessary. Community Support takes place in a non-residential setting, separate from the Member's private residence or other residential living arrangement; however, this service can originate or terminate in the Member's private residence or other residential living arrangement. Community Support allows for opportunities for career exploration and the facilitation of discussions about the benefits of working. Community Support may also be used to provide supported retirement activities. Community Support is separated into three tiers of service delivery: Community Only-Individual, Community Only-Group, and Center-Based, to support individualized needs of the participant population more broadly.	MaineCare Benefits Manual, Section 21 Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorder. May 22, 2022. https://www.maine.gov/sos/cec/rules/10/ch101.htm	
Community Supports (Day Services)	Massachusetts	Community-based Day Supports	Community-based day support services assist clients to build and maintain their ability to participate in community activities by focusing on skill areas that include communication, self-care, relationship-building, and community involvement.	Massachusetts Executive Office of Health and Human Services. 101 CMR 415: Rates for community-based support services. https://www.mass.gov/doc/101-cmr-415-rates-for-community-based-day-support-services/download ; Level W policy document: https://www.mass.gov/doc/updated-guidance-for-community-based-day-supports-without-walls/download	
Community Supports (Day Services)	New Hampshire	Community Participation Services	"Community participation services", also called "day services" elsewhere in He-M 500 and He-M 1001, means habilitation, assistance, and instruction provided to individuals, which are furnished and paid for pursuant to the HCBS waiver, that: (1) Improve or maintain their performance of basic living skills; (2) Offer vocational and community activities, or both (3) Enhance their social and personal development; and (4) At a minimum, meet the needs and achieve the desired goals and outcomes of each individual as specified in the service agreement.	Developmental Disabilities Waiver, NH.0053.R07.00, Appendix C. https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82526	57

State of Rhode Island Office of the Health Insurance Commissioner Appendix 2 Service Definitions					
Category	State	Service Name(s)	Definition	Source	Page (if applicable)
Community Supports (Day Services)	Rhode Island	Community-based Supports	Direct support and assistance in or out of the individual's residence intended to achieve and/or maintain increased independence, productivity, enhanced family functioning, and inclusion in the community as outlined in the individual's ISP. Community-Based Supports include previous definitions of community-based supports, prevocational services, community-based day, and in-person response when called upon during access to overnight supports.	Rhode Island Department Of Behavioral Healthcare, Developmental Disabilities & Hospitals: Division of Developmental Disabilities. Billing Policy Manual. December 27, 2024. https://bhddh.ri.gov/sites/g/files/xkgbur411/files/2025-01/DD%20Billing%20Manual%2012-27-2024%20-%20Final.pdf	18
Community Supports (Day Services)	Vermont	Community Supports, Non-Facility Individual	Support provided to assist individuals to develop skills and social connections. The supports may include teaching and/or assistance in daily living, support to participate in community activities, and building and sustaining healthy personal, family and community relationships. Community Supports may involve individual supports or group supports (two or more people). Community supports includes transportation to access the community.	Developmental Disabilities Services Division. Developmental Disabilities Services Codes and Definitions for Home and Community-based Services. July 1, 2021. https://ddsd.vermont.gov/sites/ddsd/files/documents/DDSD_Service_Definitions.pdf	5
Employment	Connecticut	Group Supported Employment	Group Supported Employment consists of ongoing supports that enable participants in a structured work environment focused towards work. Participants for whom competitive employment at or above the minimum wage is unlikely but are on the path to competitive employment with some ongoing supports and need supports to perform in a regular work setting. Group Supported employment may include assisting the participant with assessments, career planning, locate a job or develop a job on behalf of the participant. Group Supported employment is conducted in a variety of settings, particularly work sites where persons without disabilities are employed. Gr When group supported employment services are provided at a work site where persons without disabilities are employed, payment is made only for adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities but does not include payment for supervisory activities rendered as a normal part of the business setting. Group Supported Employment consists of 2 or more waiver participants.	Comprehensive Supports Waiver, CT.0437.R04.03, Appendix C. Approved April 1, 2024. https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81221	60
Employment	Maine	Work Support	Work Support-Group comprises services and training activities that are provided in regular business, industry and community settings for groups of two to six Members. Mobile work crews and business-based workgroups (enclaves) employing small groups of workers in employment in the community are examples of the models allowed.	MaineCare Benefits Manual, Section 21 Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorder. May 22, 2022. https://www.maine.gov/sos/cec/rules/10/ch101.htm	31
Employment	Massachusetts	Group Supported Employment Services	Services that provide assistance to individuals or groups of individuals to help them prepare for, acquire, and maintain integrated employment in the community for clients that require provider support and/or supervision. Group employment supports are provided to a small group of clients working in a competitive environment, usually not at the provider site. The clients are usually employees of the provider agency and are often paid and receive benefits from that provider. These services emphasize work in integrated environments and may include small groups in industry (also called enclaves), mobile work crews, and provider-run businesses.	Massachusetts Executive Office of Health and Human Services. 101 CMR 419: Rates for supported employment services. https://www.mass.gov/doc/101-cmr-419-rates-for-supported-employment-services-1/download	
Employment	New Hampshire	Supported Employment	Employment services will provide access to community-based employment and make available, based upon individual need and interest: employment supports, transportation to work, training and educational opportunities, the use of co-worker supports and generic resources to the maximum extent possible.	Developmental Disabilities Waiver, NH.0053.R07.00, Appendix C. https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82526	
Employment	Rhode Island	Group Supported Employment	Shared supports and structured training for individuals to find employment, learn job tasks and adjust to their new role, including learning interpersonal skills necessary to be successful as an employee. Job coaching occurs on the job during the shift supporting more than one individual. The job developer/coach must be present at the place of employment to bill for this service; service is delivered face-to-face on the job with individuals. When provided at work site in which persons without disabilities are employees, payment will be made only for the adaptations, supervision, and training required by individuals receiving waiver services because of their disabilities and will not include payment for the supervisory activities rendered as a normal part of the business.	Rhode Island Department Of Behavioral Healthcare, Developmental Disabilities & Hospitals: Division of Developmental Disabilities. Billing Policy Manual. December 27, 2024. https://bhddh.ri.gov/sites/g/files/xkgbur411/files/2025-01/DD%20Billing%20Manual%2012-27-2024%20-%20Final.pdf	29
Employment	Vermont	Ongoing Support to Maintain Employment	Ongoing Support to Maintain Employment involves activities needed to sustain paid work by the individual. These supports and services may be given both on and off the job site, and may involve long-term and/or intermittent follow-up.	Developmental Disabilities Services Division. Developmental Disabilities Services Codes and Definitions for Home and Community-based Services. July 1, 2021. https://ddsd.vermont.gov/sites/ddsd/files/documents/DDSD_Service_Definitions.pdf	7
Professional	Connecticut	RN services, up to 15 minutes (must bill with S9123)	(a)Nursing Service: (1) An agency shall have written policies governing the delivery of nursing service. (2) Nursing service shall be provided by a primary care nurse, or other nursing staff delegated by the primary care nurse. (3) The primary care nurse is responsible for the following which shall be documented in the patient's clinical record: (A) Admission of patients for service and development of the patient care plan; (B) Implementation or delegation of responsibility for twenty-four (24) hour nursing service and homemaker-home health aide services; (C) Coordination of services with the patient, family and others involved in the care plan; (D) Regular evaluation of patient progress, prompt action when any change in the patient's condition is noted or reported, and termination of care when goals of management are attained; (E) Identification of patient and family needs for other home health services and referral for same when appropriate, (F) Participation in orientation, teaching and supervision of other nursing and ancillary patient care staff; (G) Determination of aspects of the care plan for delegation to a homemaker-home health aide. Whenever any patient care activity, other than those activities listed in section 19-13-D69(d) (3) of these regulations, is delegated to a homemaker-home health aide, the patient's clinical record clearly supports that the primary care nurse or designated professional staff member has: (i) Assessed all factors pertinent to the patient's safety including the competence of the homemaker-home health aide, and (ii) Determined that this activity can be delegated safely to a homemaker-home health aide. (H) Development of a written plan of care and instructions for homemaker-home health aide services; (I) Arranging supervision of the homemaker-home health aide by other therapists, when necessary (J) Visiting and completing an assessment of assigned patients receiving homemaker-home health aide services as often as necessary based on the patient's condition, but not less frequently than every sixty (60) days. The sixty-day assessment shall be completed by a registered nurse, while the homemaker-home health aide is providing services in the patient's home.	Connecticut Agencies Regulations, Subtitle 19-13-D69. https://eregulations.ct.gov/eRegsPortal/Browse/RCSA/Title_19Subtitle_19-13-D/ . Provider Fee Schedule: Home Health. https://www.ctdssmap.com/CTPortal/Information/Get-Download-File?Filename=refw242_feesched_hhlth_16.pdf&URL=fee_schedule_s/refw242_feesched_hhlth_16.pdf	
Professional	Maine	Services of skilled nurse in home health setting (RN)	Nursing Services are those services that are provided by a registered nurse (RN) and/or a licensed practical nurse, which holds a current license issued by the state or province in which services are performed.	MaineCare Benefits Manual, Section 40, Home Health Service. February 11, 2019. Click "Ch. II - Section 40: Home Health Services" at https://www.maine.gov/sos/cec/rules/10/ch101.htm , Rates can be found at: https://mainecare.maine.gov/Provider%20Fee%20Schedules/Rate%20Setting/Section%20040%20-%20Home%20Health%20Services/Section%2040%20-%20Home%20Health%20Services%202025.xlsx	3
Professional	Massachusetts	Continuous skilled nursing services, Agency, RN Weekday	Nursing Services - the assessment, planning, intervention, and evaluation of goal-oriented nursing care that requires specialized knowledge and skills acquired under the established curriculum of a school of nursing approved by a board of registration in nursing. Such services include only those services that require the skills of a nurse.	Massachusetts Division of Medical Assistance. 130 CMR 414: Independent Nurse. https://www.mass.gov/doc/130-cmr-414-independent-nurse/download ; Massachusetts Executive Office of Health and Human Services. 101 CMR 361: Rates for continuous skilled nursing agency and independent nursing services. https://www.mass.gov/doc/101-cmr-361-rates-for-continuous-skilled-nursing-agency-and-independent-nursing-services/download	CMR 101 - 361 refers to CMR 130-414 for the definition (page 2)
Professional	New Hampshire	N/A	N/A	NH MCO contracts show PDN as included in the managed care rates. https://media.sos.nh.gov/govcouncil/2023/1220/033%20GC%20Agenda%20122023.pdf from: https://www.dhhs.nh.gov/programs-services/medicaid/medicaid-care-management , click on "MCM 3.0 Services Contract Amendment"	
Professional	Rhode Island	Rn nurse service/15 minutes, Community	Skilled nursing -- Services listed in the PCP [person centered plan] that are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State.	Rhode Island Executive Office of Health and Human Services, Chapter 50 Medicaid Long-Term Services and Supports, Subchapter 10- Home and Community-based Services, Part 1-LTSS Home and Community Based Services (HCBS). 210-RICR-50-10-1. https://risos-apa-production-public.s3.amazonaws.com/EOHHS/REG_13217_20250110162018900.pdf	21

State of Rhode Island Office of the Health Insurance Commissioner Appendix 2 Service Definitions						
Category	State	Service Name(s)	Definition	Source	Page (if applicable)	
Professional	Vermont	RN services, up to 15 minutes (T1002)	(a) Medically complex nursing services include: (1) Daily continuous or intermittent mechanical ventilation via tracheotomy, (2) Tracheotomy and/or unstable airway requiring nursing assessment and intervention, (3) Specialized nursing care due to a documented medical condition or disability which requires ongoing skilled observation, monitoring, and judgement to maintain or improve the health status of a medically fragile or medically complex condition, (4) Nursing care plan management and oversight, as appropriate and permitted within a nurse's scope of practice	Agency of Human Services. Health Care Administrative Rules 4.232. Medically Complex Nursing Services. https://www.healthvermont.gov/sites/default/files/document/reg-medically-complex-nursing.pdf , Rates can be found at: https://vtmedicaid.com/#/feeSchedule/hcpcs	1	



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