

# Social and Human Service Programs Review Advisory Council

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April 21, 2025

**RHODE  
ISLAND**



# **Call to Order & February 13<sup>th</sup> Meeting Minutes**

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# April 1 Reports Overview

## Tasks 6, 7, 8, and 9

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# Task 6

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

- The final report provided insight and research into the required credentials and oversight requirements which will inform the rate analysis.
- Focus was on home health, community health workers, certain children’s services, adult day, and psychiatric rehabilitative residential services.
- **Home-Based Therapeutic**
  - Lead therapy and clinical supervision (H0046)
  - Treatment consultation and specialized treatment consultation (H2014)
  - Sign language or oral interpretive services (T1013)
  - Treatment coordination (T1016)
  - Home-based specialized treatment and treatment support (T1024)
- **Home Health**
  - Services of home health/hospice aide in home health or hospice settings (G0156)
  - Supported housing, per diem (X0043)
- **Community Health Worker**
  - Case management, each 15 minutes (T1016)
- **First Connections**
  - Prenatal intake (H1000)
  - Pre- and post- natal follow up (99502)
  - Post-natal intake (99501)
- **Healthy Families America**
  - Prenatal intake (H1000)
  - Post-natal intake (99501)
  - Pre- and post-natal follow up (99600)
- **Adult Day Care**
  - Day care services, adult (S5102)
- **Mental Health Psychiatric Rehabilitative Residences (MHPRR)**
  - Supportive Psychiatric Rehabilitative Apartments (H0019)

# Report 7: Recommended Access Measures (2025 Update)

## Residential Mental Health for Adults

### Metric #1: MHPRR Placement Processing Timeline

- **Sub-measure #1A:** Average number of days from application approval to BHDDH referral for initial evaluation interview by provider
- **Sub-measure #1B:** Average number of days from BHDDH referral to provider denial
- **Sub-measure #1C:** Average number of days from BHDDH referral to MHPRR placement

**Metric #2: Average time on waiting list:** Average number of days on waiting list

## Assisted Living Services

### Metric #3: Rhode Island ALR Capacity Index

- **Sub-measure #3A:** Bed capacity: total staffed, filled, available per State-Licensed Assisted Living Residence
- **Sub-measure #3B:** Share of residences accepting Medicaid clients (moment in time indicator)
- **Sub-measure #3C:** Total staffed ALR beds per 1000 adults age 75+

## Intellectual/Developmental Disability Services for Adults

### Metric #4: Time to I/DD Assessment & Service

- **Sub-measure #4A:** Average number of days from referral to initial Supports Intensity Scale – Adult assessment
- **Sub-measure #4B:** Average number of days from referral to service/enrollment with an I/DD provider
- **Sub-measure #4C:** Share of individuals who received supplemental funding through an S109

### Metric #5: I/DD Service Capacity & Delivery

- **Sub-measure #5A:** Total enrollment, new enrollment, and number on waitlist by DD specific waiver service
- **Sub-measure #5B:** Share of authorized HCBS hours specified in the service plan that were provided to I/DD participants seeking DD specific waiver services

# Task 8

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## Medicaid Rate Comparisons

- The Task 8 report compared select Rhode Island reimbursement rates for social and human services to rates of other **New England states**.
- This evaluation included select services for **Intellectual and Developmental Disability (I/DD) Service** codes and available modifiers for comparison. Builds upon the benchmarking analysis completed under task 8 in 2023. Identified variation in service delivery requirements, billing units, procedure codes and modifiers, and reimbursement structures.
- Observed 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 differences when states completed a comprehensive rate study or adjusted the funding of their rates).
- **Care should be exercised when using rate benchmarks for rate review.** Static rate benchmarks do not cleanly align with the statutory definition of rate review as the “reporting of specific trending factors that influence the cost of service.”
- Even after rates are adjusted for variation, **OHIC observed significant differences when comparing rates across states.** These differences may be due to a number of factors including underlying cost and wage variances across geographies, regulatory complexity and requirements, state-specific policy and service incentives, service definitions and provider qualifications, varying demand for services, and the timing and structure of rate setting processes in other state Medicaid programs.

# Task 8

STATE	SERVICE NAME	RATE	PERCENT VARIANCE
<b>Community Supports (Day Services)</b>			
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%)
<b>Community Supports</b>			
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
<b>Residential Supports</b>			
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%)
<b>Professional</b>			
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%
<b>Employment</b>			
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%)

## Medicaid Rate Comparisons

Identified a high level of variability among the New England states in how services are defined and reimbursed among the observed set of services. Select observations include:

- Community Supports: Community-Based Supports (Day program) – States vary in the degree to which day services are delivered in community or center-based settings and whether transportation costs are included in the rate.
- Community Supports: (Individual) Community Support Services - 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.
- Residential: Community Residence Support Services - Residential services have the widest differences in cost between states (e.g., acuity tiers, varying service mix, residence size).

### Notes

- 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.

# Task 9

## Private pay rate benchmarks

- Report compared Medicaid MMIS fee-for-service reimbursement rates **effective October 1, 2024**, to:
  - Provider billed amounts to commercial insurers (CY 2023)
  - Commercially negotiated allowed rates (CY 2023)
  - Medicare rates (CY 2025)
  - Rhode Island Medicaid MCO rates (SFY 2024)
- Medicaid MCO rates are prior to implementation of the 2023 OHIC rate recommendations and minimum fee schedule
- The unique nature of social and human service programs results in **limited commercial and Medicare benchmarks**

### PERCENTAGE OF SFY 2024 FFS & MMC EXPENDITURES BENCHMARKED

DETAILED SERVICE CATEGORY	SFY 2024 EXPENDITURES (\$ MILLIONS)	PERCENTAGE BENCHMARKED		
		COMMERCIAL	MEDICARE	MEDICAID MCO
<b>Behavioral Health Services</b>				
Acute Stabilization	\$ 3.8	0.0%	0.0%	0.0%
Assertive Community Treatment	20.4	0.0%	0.0%	100.0%
Crisis Intervention	0.1	5.6%	0.0%	94.4%
Integrated Health Homes	36.0	0.0%	0.0%	100.0%
Intensive Outpatient Program	4.3	0.0%	0.0%	100.0%
Mental Health Clubhouse	0.5	0.0%	0.0%	100.0%
Mental Health Residential	64.5	0.0%	0.0%	99.3%
Peer Recovery Services	1.9	0.0%	0.0%	96.5%
Rehabilitation	9.2	0.0%	0.0%	0.0%
Substance Use Rehabilitation	14.1	93.9%	93.9%	100.0%
SUD Residential	122.4	0.0%	0.0%	100.0%
Supported Employment	1.4	0.0%	0.0%	100.0%
Therapy / Office Visits / Assessments	73.2	93.0%	92.4%	93.3%
<b>Total</b>	<b>\$ 351.8</b>	<b>23.1%</b>	<b>23.0%</b>	<b>94.7%</b>
<b>Children's Services</b>				
Cedar	\$ 0.5	0.0%	0.0%	100.0%
CRAFT	4.2	0.0%	0.0%	0.0%
Early Intervention	14.2	51.7%	0.0%	97.9%
Home Visiting and Residential Programs	7.6	0.0%	0.0%	0.0%
Home/Center-Based Therapeutic Services	228.9	31.7%	0.0%	90.9%
Local Education Agency	38.8	15.8%	0.0%	0.0%
<b>Total</b>	<b>\$ 294.1</b>	<b>29.2%</b>	<b>0.0%</b>	<b>75.6%</b>

#### Notes

1. FFS expenditures represent Rhode Island Medicaid SFY 2024 billed units multiplied by the October 1, 2024, FFS rate. The illustrated amount will vary from actual paid SFY 2024 expenditures due to fee schedule changes, third party payers, and other payment adjustments.
2. See report for full methodology notes and analysis limitations.

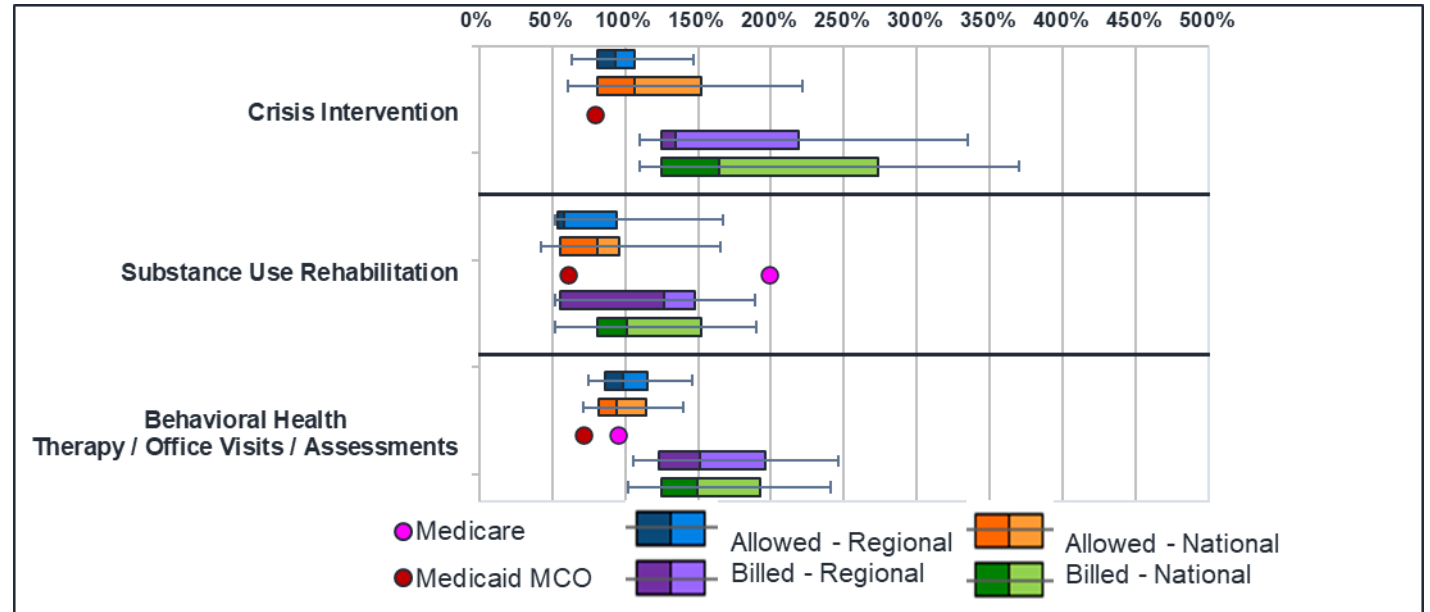


# Task 9

## Private pay rate benchmarks

- Commercial allowed amounts at the 25<sup>th</sup> to 75<sup>th</sup> percentile vary from ~50% to 150% of the Medicaid rate, while billed charges vary substantially.
- Benchmark data for substance use rehabilitation is comprised solely of methadone administration program. Medicaid FFS requirements for this service include therapy, counseling, and testing that may not be covered under the commercial rates.
- Medicare reimbursement averaged to be 200% of the Medicaid FFS rate for substance use rehabilitation and 95% of the Medicaid FFS rate for behavioral health therapy, office visits, and assessments.

BEHAVIORAL HEALTH PROVIDERS BENCHMARKS AS A PERCENTAGE OF MEDICAID FFS



Notes

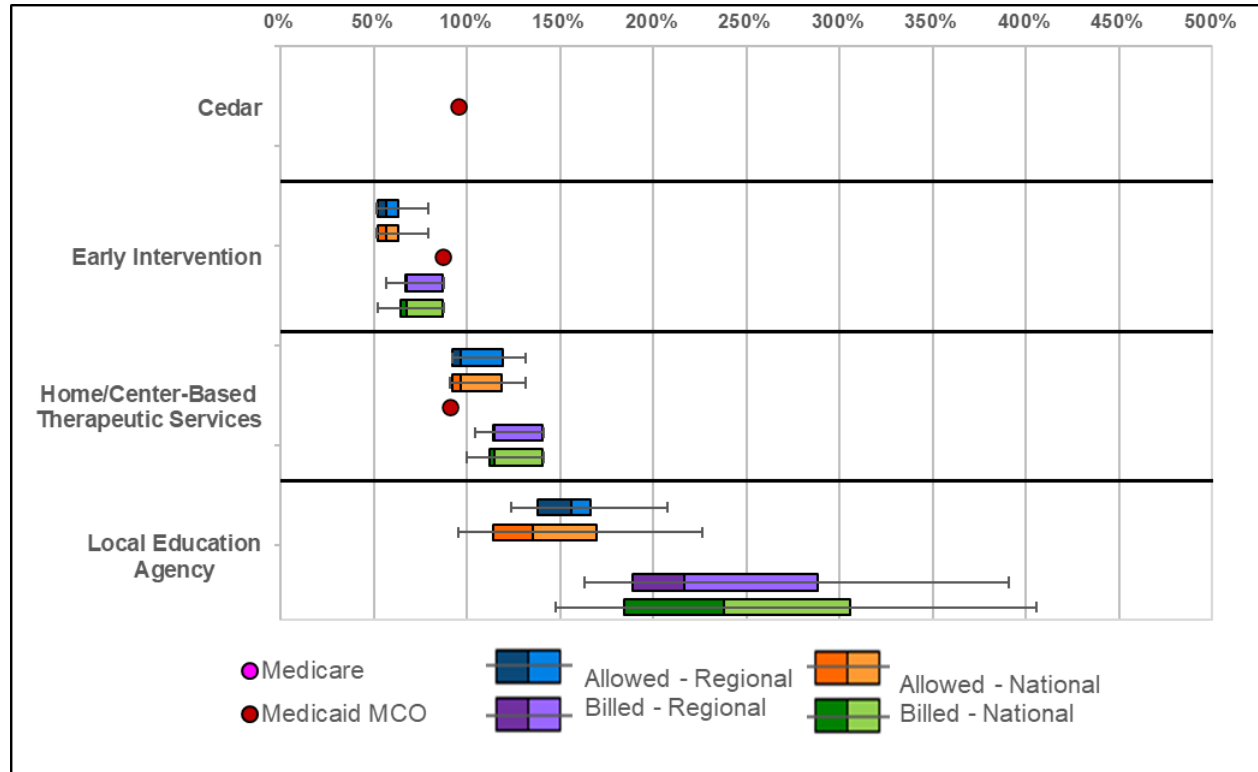
- Bar graphs for allowed and billed amounts represent the 10<sup>th</sup>, 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>, and 90<sup>th</sup> percentile benchmark rate at each vertical line, from left to right.
- The Medicaid FFS rates are effective as of October 1, 2024, and the time period represented by the benchmarks vary from this date.
- As of October 1, 2024, Medicaid MCOs are contractually required to pay the Medicaid FFS rate at a minimum. The gap between Medicaid MCO rates and the Medicaid FFS rate represents the payment differential between the average SFY 2024 rate and the minimum FFS rate required as of October 1, 2024.
- Reimbursement rate relativities at the individual service level may vary materially relative to the composite service category relativities illustrated above.
- See report for full methodology notes and analysis limitations.

# Task 9

## Private pay rate benchmarks

- Private insurers are required to pay for early intervention services at or above the Medicaid FFS rate per Rhode Island statute. Private early intervention rates is expected to increase as data for more recent time periods becomes available.
- Commercial allowed and billed amounts generally falls between 100% and 150% of the October 1, 2024, Medicaid rate.
- Commercial allowed amounts and billed charges exceed the Medicaid rate by the largest percentage for Local Education Agency services.

CHILDREN'S SERVICES BENCHMARKS AS A PERCENTAGE OF MEDICAID FFS



Notes

1. Bar graphs for allowed and billed amounts represent the 10<sup>th</sup>, 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>, and 90<sup>th</sup> percentile benchmark rate at each vertical line, from left to right.
2. The Medicaid FFS rates are effective as of October 1, 2024, and the time period represented by the benchmarks vary from this date.
3. As of October 1, 2024, Medicaid MCOs are contractually required to pay the Medicaid FFS rate at a minimum. The gap between Medicaid MCO rates and the Medicaid FFS rate represents the payment differential between the average SFY 2024 rate and the minimum FFS rate required as of October 1, 2024.
4. Reimbursement rate relativities at the individual service level may vary materially relative to the composite service category relativities illustrated above.
5. See report for full methodology notes and analysis limitations.

# **OHIC Social and Human Service Programs Review: Updates & Next Steps**

# Public Comment



# Adjournment

