

MILLIMAN REPORT

# Social and Human Service Programs Review: Independent Rate Model Development

Rhode Island, Office of the Health Insurance Commissioner

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## Table of Contents

<b>1</b>	<b>BACKGROUND .....</b>	<b>1</b>
<b>2</b>	<b>EXECUTIVE SUMMARY .....</b>	<b>2</b>
<b>3</b>	<b>DESCRIPTION OF SERVICES .....</b>	<b>5</b>
3.1	SELECTION OF SERVICES FOR EVALUATION .....	5
<b>4</b>	<b>OVERVIEW OF THE INDEPENDENT RATE MODEL METHODOLOGY .....</b>	<b>6</b>
4.1	IRM DESCRIPTION .....	6
4.2	PROVIDER GROUPS .....	8
4.3	IRM ASSUMPTION DEVELOPMENT AND STAKEHOLDER ENGAGEMENT .....	8
<b>5</b>	<b>RATE MODEL COMPONENTS .....</b>	<b>10</b>
5.1	DIRECT CARE STAFF AND SUPERVISOR SALARIES AND WAGES .....	10
5.1.1	Direct Care Staff and Supervisor Time Assumptions .....	10
5.1.2	Wage rate assumptions for direct care staff and supervisors .....	11
5.2	EMPLOYEE RELATED EXPENSES .....	11
5.3	TRANSPORTATION EXPENSES .....	13
5.4	ADMINISTRATION / PROGRAM SUPPORT / OVERHEAD .....	13
5.5	OTHER RATE CONSIDERATIONS .....	14
5.5.1	Blended specialized treatment consultation rate development .....	14
5.5.2	Caseload efficiency factor .....	14
<b>6</b>	<b>RATE MODEL TYPES .....</b>	<b>15</b>
<b>7</b>	<b>LIMITATIONS AND DATA RELIANCE .....</b>	<b>17</b>

**APPENDIX 1: SUMMARY RATE COMPARISON**

**APPENDIX 2: DETAILED INPUTS AND ASSUMPTIONS**

**APPENDIX 3: PROVIDER GROUPINGS AND WAGES**

**APPENDIX 4: PTO AND TRAINING ADJUSTMENT DEVELOPMENT**

**APPENDIX 5: EMPLOYEE RELATED EXPENSE SUMMARY**

**APPENDIX 6: DETAILED IRM EXHIBITS**

**APPENDIX 7: PROVIDER FEEDBACK**

# 1 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.

In addition to the statutorily required assessments, OHIC requested Milliman develop comparative provider reimbursement rates using an independent rate model (IRM) framework to inform OHIC's rate recommendations. The IRM methodology develops reimbursement rates based upon a ground-up approach modeling the expenses expected to be incurred from delivering the service. Expense categories include clinical staff and supervisor salary and wages, employee related expenses, transportation and fleet vehicle expenses, and administration, program support, and overhead. The IRM framework reflects certain assumptions regarding the delivery of services and provider operational structure in each of these categories. These assumptions are used to develop the estimated expenses and are based on publicly available benchmark information, industry norms, and information received from stakeholders.

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<sup>1</sup>. This report is part of the 2025 cycle of the review, which is scheduled to conclude with the release of OHIC's final report 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 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<sup>2</sup>.

The reimbursement rates developed from the IRM framework, referred to within this report as "comparison rates", will be one of several data points that OHIC considers in its final rate recommendations provided in OHIC's final report to be released by September 1, 2025. The remainder of this report illustrates the results of the analysis and describes the methodology and assumptions used in the development of comparison rates.

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<sup>1</sup> 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>.

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

## 2 Executive Summary

The information contained in this report documents the methodology, assumptions, and resulting comparison rates for selected social and human service programs using an IRM approach. Services were selected for review by OHIC based on certain quantitative metrics, qualitative considerations, and stakeholder discussions. All references to “rates” in this report refer to provider reimbursement rates.

The comparison rates in this report rely extensively on data provided by Rhode Island state agencies, providers, stakeholders, and national data sources. If the underlying data or information is inaccurate or incomplete, the results of our analysis may, likewise, be inaccurate or incomplete. Milliman is not advocating for, recommending, or endorsing any specific payment rates or payment rate approach.

The modeling design, methodology, parameters, and assumptions have been informed by the aforementioned sources and have been approved by OHIC. OHIC will consider this information, other rate benchmarks, and qualitative information in making its rate recommendations.

Figure 1 contains a summary of IRM comparison rates and current Rhode Island Medicaid fee-for-service (FFS) rates for the services in which an IRM comparison rate was developed. Appendix 1 illustrates the component values (salaries and wages, employee related expenses, transportation, and administrative costs) of the procedure code and modifier-level comparison rates that are illustrated in Figure 1. Please note that the comparison rates are based on assumptions trended to October 1, 2027, the midpoint of a 2-year rating period from October 1, 2026 through September 30, 2028. The current FFS rates reflect rates that are effective as of October 1, 2024. The composite percent differences reflect weighted average percent increases for each program based on October 1, 2024 through March 31, 2025 FFS and encounter claims utilization. Because encounter data is not reported with program indicator, service categories are assigned to claims based on procedure code, modifier, provider NPI, and provider FEIN, in order to align encounter data with comparable FFS service groupings.

**FIGURE 1: COMPARISON RATE RELATIVE TO FFS RATE**

PROCEDURE CODES	SERVICE DESCRIPTION	UNITS OF REIMBURSEMENT	IRM COMPARISON RATE	CURRENT FFS RATE	PERCENT DIFFERENCE
<b>Home-Based Therapeutic Services (HBTS)</b>					
H0046	Lead Therapy	30 Minutes	\$ 35.98	\$ 38.67	(7.0%)
H0046-HO	Clinical Supervision – Master Level Clinician	30 Minutes	61.49	59.07	4.1%
H0046-HP	Clinical Supervision – Doctoral Level Clinician	30 Minutes	65.96	69.81	(5.5%)
H2014	Specialized Treatment Consultation	15 Minutes	39.44	29.54	33.5%
H2014-HO	Treatment Consultation – Master Level Therapist	15 Minutes	37.23	29.54	26.0%
H2014-HP	Treatment Consultation – Doctoral Level Therapist	15 Minutes	39.85	34.91	14.2%
T1013	Interpretation	15 Minutes	28.34	27.48	3.1%
T1016 (HBTS)	Treatment Coordination	15 Minutes	21.67	21.98	(1.4%)
T1024	Home Based – Specialized Treatment and Treatment Support	15 Minutes	36.14	33.30	8.5%
<b>HBTS Composite Percent Difference</b>					<b>4.9%</b>
<b>Home Health Services</b>					
G0156	Home Health Aide	15 Minutes	\$ 24.08	\$ 10.07	139.1%
X0043	Home Health Nursing and Therapy Visits	Encounter	177.06	152.49	16.1%
<b>Home Health Composite Percent Difference</b>					<b>34.2%</b>
<b>First Connections</b>					
H1000	Pre-Natal Intake	Encounter	\$ 468.94	\$ 415.97	12.7%
99502	Pre-Natal Follow-up Paraprofessional	15 Minutes	54.58	42.76	27.6%
99502-AJ	Pre-Natal Follow-up LICSW	15 Minutes	88.76	48.40	83.4%
99502-TD	Pre-Natal Follow-up Nurse	15 Minutes	85.48	61.23	39.6%
99501	Post-Natal Intake	Encounter	468.94	415.97	12.7%
99502-HA	Post-Natal Follow-up Paraprofessional	15 Minutes	54.58	42.76	27.6%

PROCEDURE CODES	SERVICE DESCRIPTION	UNITS OF REIMBURSEMENT	IRM COMPARISON RATE	CURRENT FFS RATE	PERCENT DIFFERENCE
99502-AJ-HA	Post-Natal Follow-up LICSW	15 Minutes	88.76	48.40	83.4%
99502-TD-HA	Post-Natal Follow-up Nurse	15 Minutes	85.48	61.23	39.6%
<b>First Connections Composite Percent Difference</b>					<b>21.2%</b>
<b>Healthy Families America (HFA)</b>					
99600-HD	Pre/Post-Natal Intake/Follow-up	15 Minutes	\$ 54.54	\$ 49.13	11.0%
<b>HFA Composite Percent Difference</b>					<b>11.0%</b>
<b>Adult Day Care</b>					
S5102	Basic Level - Half Day	Per Diem	\$ 42.43	\$ 34.73	22.2%
S5102-U2	Basic Level - Full Day	Per Diem	84.87	69.46	22.2%
S5102-U1	Enhanced Level - Half Day	Per Diem	61.93	46.71	32.6%
S5102-U1-U2	Enhanced Level - Full Day	Per Diem	123.86	93.41	32.6%
<b>Adult Day Care Composite Percent Difference</b>					<b>30.1%</b>
<b>Mental Health Psychiatric Rehabilitative Residences (MHPRR)</b>					
H0019-U1	On-site Supportive Psychiatric Rehabilitative Apartments	Per Diem	\$ 146.95	\$ 107.04	37.3%
H0019-U3	Support Mental Health Psychiatric Rehabilitative Residence Apartments	Per Diem	215.52	157.42	36.9%
H0019-U4	Basic Mental Health Psychiatric Rehabilitative Residence	Per Diem	215.52	157.42	36.9%
H0019-U5	Specialized Mental Health Psychiatric Rehabilitative Residence	Per Diem	301.25	220.38	36.7%
H0019-U6	Enhanced Mental Health Psychiatric Rehabilitative Residence	Per Diem	624.46	569.99	9.6%
<b>MHPRR Composite Percent Difference</b>					<b>33.8%</b>

1. Comparison rates are based on assumptions that are trended to October 1, 2027, the midpoint of a 2-year expected rate effective period, October 1, 2026 through September 30, 2028.

2. Procedure code H2014 (Specialized Treatment Consultation) reflects a blended rate of occupational, physical, and speech therapists.

3. Current FFS rates reflect the rate effective as of October 1, 2024.

4. Composite percent differences reflect weighted average percent increases for each program based on October 1, 2024 through March 31, 2025 FFS and encounter claims utilization. Because encounter data is not reported with program indicator, service categories are assigned to claims based on procedure code, modifier, provider NPI, and provider FEIN, in order to align encounter data with comparable FFS service groupings.

This report includes appendices which provide information related to IRM inputs, assumptions, and results. The following appendices are included in this report.

**Appendix 1:** Appendix 1 is divided into two parts: Appendix 1a and Appendix 1b.

- **Appendix 1a Rate Summary** – Appendix 1a provides a summary of all service codes, descriptions of those codes, reporting units, IRM component costs, the resulting IRM comparison rate, and the percentage difference from the current rate to the comparison rate.
- **Appendix 1b Blended Rates** – Appendix 1b provides detailed information related to the salary and wage inputs and assumptions which were blended to provide an adjusted unit cost for service code H2014 (Specialized Treatment Consultation).

**Appendix 2: Detailed Inputs and Assumptions** – Appendix 2 is divided into three parts: Appendix 2a, Appendix 2b, and Appendix 2C.

- **Appendix 2a Model 1 Inputs** – Appendix 2a details the time assumptions and inputs for each service code related to direct and indirect time and overhead by practitioner type. This appendix also includes assumptions of supervisory time and wages and average wages assumed for each provider type applicable to each service. Certain intake services for First Connections illustrate that there are two direct workers assumed to be present in certain First Connections intake services.
- **Appendix 2b Model 2 Inputs** – Appendix 2b details the inputs for each Adult Day service related to average recipients per team of staff, overhead percent, and the staffing numbers and wages applicable to each service. The staffing illustrates the assumed number of employees by provider group that is employed for the average team rendering Adult Day Services for a given caseload.

- **Appendix 2c Model 3 Inputs** – Appendix 2c details the key assumptions related to each mental health rehabilitative residential (MHPRR) service. This includes the following:
  - Average number of employees for each job position in an MHPRR team.
  - Hourly wage for each job position and the percentage of total hours assumed to be paid at time and a half; average number of individuals served per day for each MHPRR facility.
  - Average caseload efficiency (average percentage of beds each facility is able to receive reimbursement for each day).
  - Number of days an individual receives care per week.
  - Overhead percent.

**Appendix 3: Provider Groupings and Wages** – Appendix 3 details information related to the Bureau of Labor Statistics (BLS) job titles and how those titles were matched to applicable provider credentials and wage percentiles. Composite wages are provided for each provider grouping based upon weighted BLS wage inputs.

**Appendix 4: Paid Time Off Adjustment Development** – Appendix 4 details the paid time off, training, turnover, and conference time assumed for each provider grouping. This appendix also includes a separate table of assumptions for the paid time off adjustment developed for the First Connections and Healthy Families America programs to account for different levels of required training for these programs.

**Appendix 5: Employee Related Expense Summary** – Appendix 5 details the Employee Related Expense (ERE) assumptions used as a baseline for inputs into IRMs. ERE includes Medicare taxes, workers compensation expenses, retirement expenses, Social Security Tax, Federal Unemployment Tax Act (FUTA), State Unemployment Insurance (SUI), and employee insurance expenses.

**Appendix 6: Detailed IRM Exhibits** – Appendix 6 is divided into three parts that includes the detailed IRM model inputs and comparison rates for each of the in-scope service codes evaluated. Each IRM provides line-by-line detail and notes of specific assumptions made to develop the comparison rates.

- **Appendix 6a Detailed IRM Exhibits Model 1** – Appendix 6a details the IRM model for each in-scope service for HBTS, Home Health, First Connections, and Healthy Families America.
- **Appendix 6b Detailed IRM Exhibits Model 2** – Appendix 6b details the IRM model for each in-scope service for Adult Day Care.
- **Appendix 6c Detailed IRM Exhibits Model 3** – Appendix 6c details the IRM model for each in-scope service for MHPRR.

**Appendix 7: Provider Feedback** – Appendix 7 provides a list of questions and feedback received from providers during their review of the draft comparison rates. Appendix 7 also includes responses to the feedback and questions, including any adjustments made to the draft rates to produce the rates illustrated in this report as a result of the provider feedback.

### 3 Description of Services

In this report, we developed comparison rates for certain services related to home-based therapeutic services (HBTS), home health, First Connections, Healthy Families America (HFA), adult day care, and MHPRR services.

#### 3.1 SELECTION OF SERVICES FOR EVALUATION

As part of the comprehensive review of social and human service program rates, certain services and tasks were prioritized to be included in this report. The approach to prioritization was informed by quantitative and qualitative considerations, which are described below. Taking these considerations into account, we worked with OHIC to select services for evaluation within this report.

- **Quantitative Considerations**
  - **Utilization.** We considered the utilization of services. In general, we prioritized services with higher utilization for review.
  - **Enrollment.** Where available, we identified the number of members receiving services as a proxy for social and human service program impact. Where enrollment is higher, the service was prioritized for evaluation.
  - **Data Availability.** Some services have greater variation in rates and rate structures which adds complexity to the analysis. We considered the availability of data and complexity of the rate structure when prioritizing services. If a service was especially complex and/or required extensive stakeholder feedback, those services may not have been selected for this review.
- **Qualitative Considerations**
  - **Stakeholder Feedback.** We conducted surveys, stakeholder meetings, and reviewed feedback from the prior rate review cycle to gather an understanding of the priorities of the constituencies represented in this review.
  - **Breadth of Services.** We worked to evaluate a diverse set of services to ensure spread across the primary domains (Children's Services, Behavioral Health, Home and Community Based Services (HCBS), individuals with intellectual and developmental disabilities (I/DD)) where appropriate.

Note that the comparison rates for these services were developed with consideration for the applicable program. For example, the rate development for T1016 (Treatment Coordination, per 15 minutes) was developed to be applicable to the HBTS program. While other programs may submit claims under procedure codes illustrated in this report, the comparison rates contained in this report and accompanying appendices may not be applicable or suitable for use outside of the specified program. See the footnotes of Appendix 1 for a list of applicable program indicators.

Appendix 1 documents the comparison rates for each service. The remainder of this report provides an overview of the methodology and assumptions used in developing the IRM for each service.



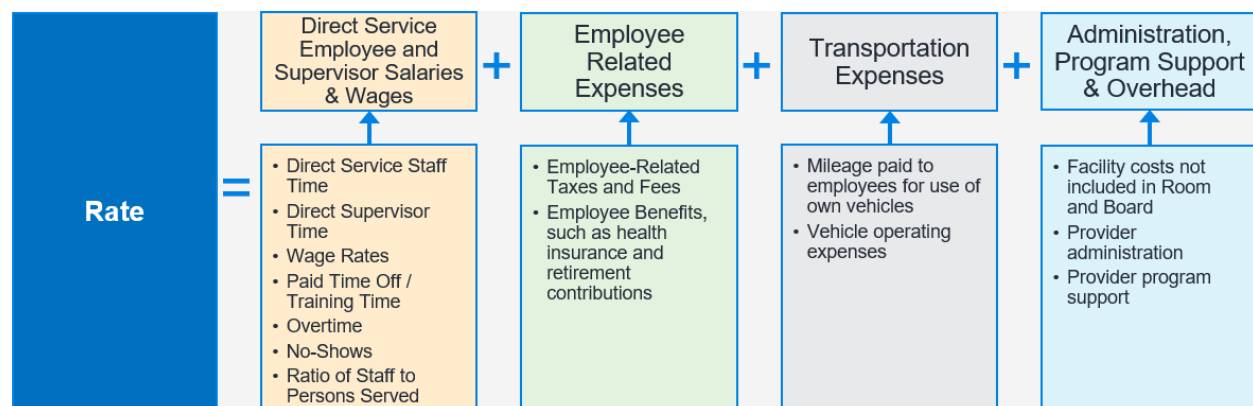
## 4 Overview of the Independent Rate Model Methodology

The IRM approach serves to capture and document the average expected costs a reasonably efficient Rhode Island provider would incur while delivering the service. One of the benefits of the IRM approach is to provide transparency as to the expected reasonable and necessary costs<sup>3</sup> required to provide the service. Another benefit of this approach is that rates are developed independently from actual costs incurred, which facilitates an understanding of the resulting comparison rates under different assumptions. Rather than relying on actual costs incurred from a prior time period to determine what the rates should be, the IRM approach builds rates from the "ground up" and considers what the costs may be to provide the service based on a set of assumptions. The IRM approach provides a means to communicate what costs may reasonably be incurred and the issues faced by providers so that decision makers can more equitably allocate resources based on this information.

To develop comparison rates for each of the services included in Figure 2, we developed several different rate models, which are described in more detail in Section 6 Rate Model Types. Each of these rate models can be adjusted by applying different assumptions specific to how each of the services is expected to be provided. Although the rate models may vary across services, they all include similar types of assumptions, cost components, and model elements.

Figure 3 provides the key high-level components included in the IRM approach.

FIGURE 3: HIGH-LEVEL INDEPENDENT RATE MODEL COMPONENTS



The first two components shown in Figure 3 – Clinical Staff and Supervisor Salaries and Wages, and Employee Related Expenses (EREs) – comprise the largest portion of the expected costs built into the IRM for services included in this report. The IRM accounts for differences in the salaries, wages, and the EREs attributable to the different types of clinical service staff and supervisors authorized to provide the services.

### 4.1 IRM DESCRIPTION

We used an IRM approach to calculate the average costs that a reasonably efficient Rhode Island provider would be expected to incur while delivering these services. As denoted by its description, independent rate model, this approach builds rates from the ground up, by determining the costs related to the individual components shown below and summing the component amounts to derive a comparison rate for each service.

The IRM approach can be distinguished from other provider payment methodologies in that it estimates what the costs for each service could be given the resources (salaries and other expenses) reasonably expected to be necessary, on average, while delivering the service. This approach relies on multiple independent data sources, in addition to input from SMEs, to develop rate model assumptions to construct the comparison rates. By contrast, many cost-based methods rely primarily on the actual reported historical costs incurred while delivering services, which can be affected by operating or service delivery decisions made by providers. These operating or service delivery decisions may be inconsistent with program service delivery standards or influenced by potential program funding limitations that do not necessarily consider the average resource requirements associated with providing these services.

<sup>3</sup> Determinations of allowable costs must be consistent with 2 CFR § 200, and in principle, the term "reasonable" relates to the prudent and cost-conscious buyer concept that purchasers of services will seek to economize and minimize costs whenever possible. The term "necessary" relates to the necessity of the service. To be "necessary", it must be a required element for providing care to individuals as specified by the regulations governing the service (e.g., approved Medicaid State Plan).

The IRM methodology determines the costs related to the individual components shown below and sums the component amounts to derive a comparison rate for each service. Figure 4 provides an overview of the key components and elements of the IRM approach.

**FIGURE 4: INDEPENDENT RATE MODEL COMPONENTS**

COMPONENT	ELEMENTS	SUB-ELEMENTS	CLARIFYING NOTES
<b>Direct Care Staff and Supervisor Salary and Wages</b>	Service-related time	Direct time	Corresponding time unit or staffing requirement assumptions were not defined.  Adjusted for staffing ratios for some services (i.e., more than one person served concurrently, e.g., in group counseling sessions or for residential services).
		Indirect time	Service-necessary planning, note taking and preparation time.
		Transportation time	Travel time related to providing service.
		PTO/training/conference time	Paid vacation, holiday, sick time, training and conference time.  Also considers additional training time attributable to employee turnover.
	Wage rates	Supervisor time	Accounted for using a span of control variables.
		Can vary for overtime and weekend shift differentials	Wage rates vary depending on the types of direct service employees which have been assigned to provider groups.
<b>Employee Related Expenses</b>	Payroll-related taxes and fees	Federal Insurance Contributions Act (FICA), Federal Unemployment Tax Act (FUTA), State Unemployment Insurance (SUI), workers compensation	Applicable to all employees and varies by wage level assumption.
	Employee benefits	Health, dental, vision, life and disability insurance, and retirement benefits	Amounts may vary by provider group.
<b>Transportation</b>	Vehicle operating expenses	Includes all ownership and maintenance-related expenses	Varies by service. When applicable, services assume employee-owned vehicle at federal rate.
<b>Administration, Program Support, Overhead</b>	All other business-related costs	Includes program operating expenses, including management, accounting, legal, information technology, etc.	Applied as a percentage of the total rate. Excludes room and board expenses.

The IRM constructs a comparison rate for each service as the sum of the costs associated with each of the components shown above. The cost and other assumptions associated with each component are adjusted to reflect the expected use of resources separately for each service.

4.2 PROVIDER GROUPS

The costs associated with the IRM components illustrated in Figure 4 above vary by the type of provider rendering the service. For Rhode Island’s Medicaid program, there are a range of provider types that are authorized to perform the services as direct care staff. Types of direct care staff can vary from behavioral health technicians and/or counselors to physicians and/or psychiatrists. Expected education levels can range from direct care staff with high school degrees to fully accredited Physicians. Positions can also vary depending on experience and earned professional credentials and certifications.

Model assumptions that drive the direct care staff salaries and wages, PTO assumptions, and ERE components, which are further described in the next section, *Section 5 Rate Model Components*, were determined at the provider group level. For each of the provider groups, where appropriate, the resulting comparison rate varies depending on the input assumptions (e.g., provider group wage rates).

Figure 5 documents the provider groups included in the development of the comparison rates.

Special attention was paid to developing the provider groups - taking into consideration the need for ease of understanding, sufficient granularity to accurately reflect the market experience, and alignment to the service requirements.

FIGURE 5: PROVIDER GROUPS

Less Than Bachelor's
Bachelor's Level
Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)
CNA
Registered Nurse
Speech Pathologist
Occupational Therapist
Physical Therapist
Psychologist
Recreation Therapist

4.3 IRM ASSUMPTION DEVELOPMENT AND STAKEHOLDER ENGAGEMENT

The assumptions used to develop the comparison rates were selected through a collective process between the authors of this report, state agency stakeholders, and providers. We are relying on these assumptions and believe them to be reasonable and appropriate for this use. To the extent that the data and information requested to develop these assumptions were not provided, were not accurate, or were not complete, the values provided in this report may likewise be inaccurate or incomplete.

The development of the comparison rates reflects intensive work with state agency stakeholders and providers to better understand the costs associated with services delivered in the behavioral health program. This process included the following activities to better understand the resources required to provide these services.

- **Review of service requirements.** We reviewed and summarized service provision and staffing requirements for each service documented within Medicaid provider manuals and as reported by the providers.
- **Review of available data sources for assumption development.** We reviewed publicly available data sources and sourced industry knowledge from similar work provided in other states to develop baseline IRM assumptions.
- **Provider staffing and expense survey (Provider Survey).** We collected data on direct staff and supervisor wages, benefits, paid time off, training assumptions, and service delivery resource requirements from providers via a survey released in January 2025. The Provider Survey also collected data to help OHIC better understand the key components of costs incurred by providers. The Provider Survey was reviewed by state agency program administrators prior to release.

The Provider Survey was released to all network providers participating in Rhode Island’s Medicaid program that provide covered services that are in-scope of this comparison rate review. Sixty four unique providers submitted a survey, and we relied upon this submitted data for certain assumptions (e.g., hourly wages, administrative and program support costs) and for context on other underlying assumptions included in the comparison rates.

- **Provider focus groups.** We hosted focus groups that consisted of leadership from provider agencies representing the in-scope services for each of the following service groupings: HBTS, home health services, First Connections along with Health Families America, adult day care, and MHPRR. These focus group discussions centered on operational aspects of service delivery, including the costs of delivering services, staffing levels, and challenges in meeting current service requirements.

- **State agency program administrator discussions.** We met with program administrators from EOHHS, Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH), and Rhode Island Department of Health (RIDOH) responsible for the administration of the services included in this report. The meetings were geared toward providing an understanding of the provider feedback, initial assumption development, and receiving additional input on service requirements and the current program environment.
- **Draft results provided for provider feedback.** We provided draft rates for feedback to providers in late June. As illustrated in Appendix 7, providers sent feedback to Milliman that was used to inform the comparison rates included in this report.

## 5 Rate Model Components

This subsection provides a description of the key rate components listed in Figure 4, which are:

- Direct care staff and supervisor salaries and wages
- Employee Related Expenses
- Transportation
- Administration, program support, overhead

### 5.1 DIRECT CARE STAFF AND SUPERVISOR SALARIES AND WAGES

The direct care staff salary and wage component is the largest component of the comparison rates, comprising the labor-related cost, or the product of the time and expected wage rates for the staff who deliver the services. This component includes costs associated with the staff expected to deliver the services and their immediate supervisors.

#### 5.1.1 Direct Care Staff and Supervisor Time Assumptions

In the IRM approach, direct care staff time is identified by developing staffing assumptions by provider type and shift. Adjustments for travel, PTO, holidays, and in some cases no-show loads, are also incorporated. Figure 6 provides a description of each of these sub-elements and related adjustments.

**FIGURE 6: SUMMARY OF SUB-ELEMENTS RELATED TO DIRECT CARE STAFF AND SUPERVISOR TIME**

TIME SUB-ELEMENT	DEFINITION	ASSUMPTIONS
<b>Direct Care Staff Direct and Indirect Time</b>	<ul style="list-style-type: none"> <li>▪ Amount of time incurred by direct care staff related to the delivery of a reimbursable service, which includes both face-to-face direct time with clients and indirect time. Indirect time is time spent on non- "person facing" activities necessary to support service delivery (e.g., planning, summarizing notes, updating medical records).</li> </ul>	<ul style="list-style-type: none"> <li>▪ For service units that are not defined by a time unit (e.g., per encounter or per diem), we developed rate model direct time assumptions based on input from the Provider Survey, the IRM focus groups, and feedback from subject matter experts engaged for specific services.</li> <li>▪ Indirect time assumptions vary depending on the service and were developed based on input from the Provider Survey, the IRM focus groups, and feedback from subject matter experts engaged for specific services.</li> <li>▪ Direct and indirect time assumptions for Model 1 services are illustrated in Appendix 2.</li> </ul>
<b>Direct Care Staff Transportation Time</b>	<ul style="list-style-type: none"> <li>▪ A provision for transportation time is included for services where it is expected that direct care staff will be required to travel to provide the service.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Model transportation time assumptions are calculated from the following assumptions:               <ul style="list-style-type: none"> <li>- 30 minutes of travel per visit.</li> <li>- Divided by the estimated average number of units billed per visit.</li> </ul> </li> <li>▪ Transportation time assumptions were developed based on input from the Provider Survey, the IRM focus groups, feedback from subject matter experts engaged for specific services, and Medicaid claims data.</li> </ul>
<b>No-Show Load</b>	<ul style="list-style-type: none"> <li>▪ Accounts for time spent by direct care staff that ends up not being billable because individuals do not show up for scheduled appointments or services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ No-show load varies by service and is established through focus groups and data collection from providers.</li> <li>▪ The following no-show assumptions were selected:               <ul style="list-style-type: none"> <li>- 3% no-show rate for HBTS T1024.</li> <li>- 0.75% no-show rate for HBTS H0046 and T1016 (reflects 25% of services are performed in-homes based on provider feedback and is applied to the same 3% no-show rate assumed for T1024)</li> <li>- 25% no-show rate for First Connections and Healthy Families America services</li> </ul> </li> <li>▪ No-show loads are applied to all travel time and 50% of direct time, assuming 50% of direct time could reasonably be repurposed for other productive activities.</li> </ul>
<b>PTO and Training Adjustment Factor</b>	<ul style="list-style-type: none"> <li>▪ Accounts for expected additional time that must be covered over the course of a year by other</li> </ul>	<ul style="list-style-type: none"> <li>▪ Varies by provider group, based on information collected as part of the Provider Survey, the IRM focus groups, and feedback from subject matter experts engaged for specific services.</li> </ul>

TIME SUB-ELEMENT	DEFINITION	ASSUMPTIONS
	<p>direct care staff, thereby representing additional clinical staff time per unit.</p> <ul style="list-style-type: none"> <li>- Annual time related to paid vacation, holiday, and sick time.</li> <li>- Annual training and/or conference time expected to be incurred by direct care workers and supervisors.</li> </ul> <ul style="list-style-type: none"> <li>▪ Includes an adjustment that considers the amount of one-time training/onboarding and the frequency of this type of training time that can be attributable to employee turnover.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Detailed assumptions related to the PTO adjustment by provider group are provided in Appendix 4.</li> <li>▪ Additional training time was assumed for First Connections and Healthy Families America services based on provider feedback and is illustrated in detail in Appendix 4.</li> </ul>
Supervisor Time	<ul style="list-style-type: none"> <li>▪ Direct care staff providing services to individuals require supervision.</li> <li>▪ Supervisor responsibilities may vary, but primarily are on-site providing direct supervision, hiring, training and discipline of the direct care staff, whose primary responsibilities are providing services. Supervisor responsibilities may also include program planning and evaluation, advocacy, working with families, and working with community members.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Supervisor time varies by service and is established through interviews and data collection with providers and is illustrated under supervisor span of control in Appendix 2 for each service.</li> <li>▪ A supervisor span of control is established to designate the division of a supervisor's time among the oversight of multiple staff and the services delivered by those staff.</li> </ul>

### 5.1.2 Wage rate assumptions for direct care staff and supervisors

The clinical staff hourly wage rate for each provider group was developed using May 2024 wage data from the Bureau of Labor Statistics (BLS) for Rhode Island<sup>4</sup>, which included:

- Identifying BLS occupation codes that are most similar to for each of the provider groups, as illustrated in Appendix 3.
- Inflating the BLS wage amounts to the midpoint of the comparison rate period, October 1, 2027. The trend rate utilized for this purpose is 3.35%, which was developed from the Personal Consumption Expenditures (PCE) price index (excluding food and energy) from May 2024<sup>5</sup> onwards.
- Calculating the average wage amounts for the 37.5th, 50th, 62.5th, and 75th percentile for the BLS occupational codes associated with the provider group. One of these wage percentiles was chosen for use under each procedure code. The assumed wage for each service can be found in Appendix 2 and the detailed IRM exhibits in Appendix 6.

Appendix 3 summarizes the wage amounts by provider group. OHIC collected wage data from providers as part of the Provider Survey process described previously. This data was used to inform the selection of the BLS percentile used for each provider group and service. Based on provider feedback, a higher BLS wage percentile was selected for the less than bachelor's provider group for HBTS, First Connections, and Healthy Families America services to reflect enhanced qualifications required for direct care staff when compared to Adult Day Care and MHPRR services.

For MHPRR services, a higher hourly wage is paid to the staff for an assumed ten holidays a year and an additional 10% of non-holiday overtime is worked based on provider feedback. The higher hourly wage for this holiday and overtime pay is calculated by multiplying the standard hourly wages for MHPRR services by 1.5.

## 5.2 EMPLOYEE RELATED EXPENSES

This component captures the ERE expected to be incurred for direct care staff and supervisors for each service.

<sup>4</sup> Bureau of Labor Statistics. (2025). *May 2024 state occupational employment and wage estimates: Rhode Island*. Retrieved April 8, 2025, from [https://www.bls.gov/oes/current/oes\\_ri.htm](https://www.bls.gov/oes/current/oes_ri.htm)

<sup>5</sup> U.S. Bureau of Economic Analysis. (2025). *Table 2.8.4. Price indexes for personal consumption expenditures by major type of product, monthly*. Retrieved October 1, 2024, from <https://apps.bea.gov/iTable/>

ERE percentages were calculated based on the expected level of ERE as a percentage of direct care staff and supervisor salaries and wages. ERE expenses are calculated as the product of the calculated salaries and wage described above, and an ERE percentage, which varies by provider group and includes the following:

- Employer portion of payroll taxes, workers' compensation, employee medical and other insurance benefits
- Employer portion of retirement expenses incurred on behalf of direct care staff and supervisors

For purposes of developing the ERE assumptions, the employer-related payroll taxes were based on the federal and state specific requirements. For example, the IRS specifies amounts for items such as Federal Insurance Contributions Act (FICA), Federal Unemployment Tax Act (FUTA), where the state specifies amounts related to State Unemployment Insurance Act (SUI). Insurance, retirement, and workers' compensation costs were informed by national employer BLS data and Provider Survey data. Figure 7 and Appendix 5 illustrate the ERE assumptions and the sources from which they were developed.

**FIGURE 7: EMPLOYEE RELATED EXPENSE ASSUMPTIONS**

COMPONENTS	ASSUMPTIONS	SOURCE
<b>Social Security Tax</b>	6.20% of salary	Internal Revenue Service. (2025). <i>Publication 15 (Circular E), employer's tax guide</i> . Retrieved July 10, 2025, from <a href="https://www.irs.gov/pub/irs-pdf/p15.pdf">https://www.irs.gov/pub/irs-pdf/p15.pdf</a>
	Projected taxable limit: \$190,238 (Projected taxable limit calculated as the average of SSA's projections for taxable limits during the rating period from October 1, 2026 through September 30, 2028)	Social Security Administration. (2024). <i>The 2024 OASDI trustees report</i> . Retrieved July 10, 2025, from <a href="https://www.ssa.gov/OACT/TR/2024/tr2024.pdf">https://www.ssa.gov/OACT/TR/2024/tr2024.pdf</a>
<b>Medicare Tax</b>	1.45% of salary	Internal Revenue Service. (2025). <i>Publication 15 (Circular E), employer's tax guide</i> . Retrieved July 10, 2025, from <a href="https://www.irs.gov/pub/irs-pdf/p15.pdf">https://www.irs.gov/pub/irs-pdf/p15.pdf</a>
<b>FUTA Tax</b>	6.00% of salary	Internal Revenue Service. (2025). <i>Publication 15 (Circular E), employer's tax guide</i> . Retrieved July 10, 2025, from <a href="https://www.irs.gov/pub/irs-pdf/p15.pdf">https://www.irs.gov/pub/irs-pdf/p15.pdf</a>
	Taxable limit: \$7,000	
<b>SUI Tax</b>	2.50% (based on average historical Rhode Island rate, per U.S. Department of Labor)	EY. (2025). <i>2025 State unemployment insurance taxable wage bases</i> . Retrieved April 14, 2025, from <a href="https://taxnews.ey.com/news/2025-0171-2025-state-unemployment-insurance-taxable-wage-bases">https://taxnews.ey.com/news/2025-0171-2025-state-unemployment-insurance-taxable-wage-bases</a>
	Projected taxable limit: \$31,849 (Projected taxable limit calculated as the trend of CY 2025 SUI taxable wage base increased by 3% annually)	
<b>Workers' Compensation</b>	Adult Day Care & MHPRR: 2.00% of salary	Stakeholder feedback provided during focus groups conducted in 2025.
	Other Employers: 3.50% of salary	Workers' compensation was calculated as a percent of "Wages and salaries" plus "Paid leave".
<b>Insurance Benefits</b>	\$12,000 per employee per year, regardless of participation	Insurance costs as described in the August 2023 Social and human services programs review: Independent rate model development <sup>6</sup> , reflect January 1, 2025 average employer costs of \$10,000 annually for employee insurance benefits.
		Insurance costs were trended at 6.70% annually from January 1, 2025 to October 1, 2027 based on the <i>2024 Milliman medical index</i> . Milliman. (2024). Retrieved April 14, 2025, from <a href="https://www.milliman.com/en/insight/2024-milliman-medical-index">https://www.milliman.com/en/insight/2024-milliman-medical-index</a>
<b>Retirement Percent</b>	4.00% of salary	U.S. Bureau of Labor Statistics. (2025). <i>National Compensation Survey, December 2024, Employer Costs for Employee Compensation, Private Industry Workers, national data for "Health care and social assistance" workers</i> . Retrieved April 14, 2025, from <a href="https://www.bls.gov/web/ecec/ecec-private-dataset.xlsx">https://www.bls.gov/web/ecec/ecec-private-dataset.xlsx</a>  Retirement was calculated as a percent of "Wages and salaries" plus "Paid leave".

<sup>6</sup> Social and human services programs review: Independent rate model development from August 2023 (accessed July 11, 2025)  
<https://ohic.ri.gov/sites/g/files/xkgbur736/files/2023-08/OHIC%20Social%20and%20Human%20Service%20Programs%20Review%2C%20Independent%20Rate%20Model%20Development.pdf>



### 5.3 TRANSPORTATION EXPENSES

For services that assume reimbursement paid to the employee for use of their own vehicle, the related transportation expenses are based on the assumed average number of miles required to provide a service on a per unit basis multiplied by a per mileage reimbursement cost. The expenses are calculated by applying the estimated number of miles by the 2025 federal mileage reimbursement allowance of \$0.700 per mile trended by 3 percent to October 1, 2027.<sup>7</sup> The resulting projected federal mileage reimbursement rate is \$0.748 per mile. This mileage reimbursement rate excludes the wages paid to direct staff and supervisors for their transportation time because this wage expense is included in the direct staff salaries and wages component described previously. The IRM approach also assumes that the federal mileage reimbursement would be sufficient to cover the cost of a provider owned vehicle if the provider opts to rely on the use of a provider vehicle instead of paying mileage reimbursement.

The average transportation miles required per unit is calculated by multiplying the average transportation minutes per unit and the average transportation speed measured by miles per hour (MPH) assumption and then dividing by 60 (e.g., 6 transportation minutes per unit \* 30 MPH / 60 = 3 miles per unit).

For MHPRR services, providers may operate and maintain a van or other vehicle dedicated to transporting individuals for service-related purposes, based on provider feedback. For these services, we developed an annual estimate of the costs associated with operating and maintaining a dedicated van and then converted that cost into an estimate of the vehicle cost per unit of service. When estimating the annual vehicle costs, we considered costs necessary to maintain and operate a van, including financing, insurance and registration, fuel, routine maintenance (oil, brakes, tires, batteries, filters, etc.) The final assumed annual cost of operating and maintaining a van is approximately \$10,400. The MHPRR services which are assumed to utilize a van are the Model 3 (24/7 shift-based) services.

### 5.4 ADMINISTRATION / PROGRAM SUPPORT / OVERHEAD

An adjustment to account for the cost of administration, program support, and overhead of the provider is built into each of the rate models. This rate component is intended to reflect the following types of costs:

- **Program support costs.** For some services, program support costs would include supplies, materials and equipment necessary to support service delivery and the costs associated with community activities provided as part of the individual plan of service.
- **Administration and overhead expenses.** Generally, expenses related to administration and overhead would include all expenses incurred by the provider entity necessary to support the provision of services but not directly related to providing services to individuals, and may include, but not be limited to:
  - Salaries and wages, and related employee benefits for employees or contractors that are not direct service workers or first- and second- line supervisors of direct service workers
  - Liability and other insurance
  - Licenses and taxes
  - Legal and audit fees
  - Accounting and payroll services
  - Billing and collection services
  - Bank service charges and fees
  - Information technology
  - Telephone and other communication expenses
  - Office and other supplies
  - Postage
  - Accreditation expenses, dues, memberships, and subscriptions
  - Meeting and administrative travel related expenses
  - Training and employee development expenses, including related travel

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<sup>7</sup> Internal Revenue Service. (2024). *IRS increases the standard mileage rate for business use in 2025; key rate increases 3 cents to 70 cents per mile.* Retrieved May 28, 2025, from <https://www.irs.gov/newsroom/>



- Human resources, including background checks
- Community education
- Allowable marketing/advertising
- Interest expense and financing fees
- Facility and equipment expense and related utilities
- Vehicle and other transportation expenses not related to transporting employees to provide services to individuals
- Board of director-related expenses
- Interpreter services that are not billable

Our assumptions for the administrative overhead load are informed by Provider Surveys, industry research, experience in other states, and information provided by stakeholders. The administrative overhead load varies by service type.

## 5.5 OTHER RATE CONSIDERATIONS

This subsection outlines the methodology of the comparison rate development for services with additional considerations based on the service delivery or reimbursement structure.

### 5.5.1 Blended specialized treatment consultation rate development

For some procedure codes for which comparison rates were developed, the credentials of the practitioner are defined through the use of (or absence of) a modifier. For example, the HO modifier for H0046 (Clinical Supervision, 30 minutes) signifies the service is billed by a master's level clinician. However, for H2014 (specialized treatment coordination), services may be performed by multiple provider types.

For this service, a blended rate was developed using a weighted-average composite of service rates developed for each professional credentialing level. We developed individual comparison rates for each applicable provider grouping that can deliver these services (such as occupational therapist, physical therapist, or speech and language therapist). We then developed blended comparison rates for these services using percentage weights applicable to each provider groupings. These weights represent the estimated total proportion of billed hours for these services associated with the provider groupings. The individual comparison weights for each provider grouping, the associated weight, and the blended composite rate are illustrated in Appendix 1b.

### 5.5.2 Caseload efficiency factor

For residential services, we have incorporated a caseload efficiency factor, which adjusts for situations such as bed vacancies or instances where service caseloads can vary from those included in the IRM assumptions.

When used, the caseload efficiency factor is applied after determining the sum of the service specific wages expense, ERE expense, and transportation expenses, to "gross up" the expenses to be spread across the expected number of service units to be ultimately provided.

## 6 Rate Model Types

There are three primary types of models that reflect the rate model components described above:

- **Model 1: Per Unit Rate Model** – Used when the direct care service time assumptions related to providing the service can be reasonably determined on a per unit basis.
- **Model 2: Case Load Rate Model** – Used when the expected costs of services are more reasonably determined on a monthly basis, with resulting accumulated monthly expenses converted to a service unit value based on assumptions related to the average number of individuals served and/or units provided during the month.
- **Model 3: 24/7 Shift-Based Rate Model** – Used for services where more than one individual is served, typically in a residential setting, where direct care staff are expected to be on-site for scheduled periods or shifts, set up to provide service coverage over an extended period of time, or on a 24/7 basis.

The intent of each model is to capture the average expenses that the provider is expected to experience delivering each service over a period of time.

Figure 8 shows the rate model types chosen for each procedure code. Figure 9 provides an overview of the different model types. These model types are illustrated in Appendix 6 and reflect a model developed for each service.

**FIGURE 8: SERVICES BY MODEL TYPE**

MODEL TYPE	SERVICES
1.1	HBTS, Home Health, Healthy Families America, and First Connections Visiting Services
1.2	First Connections Intake Services
2	Adult Day Care
3	MHPRR

**FIGURE 9: RATE MODEL TYPES**

MODEL	OVERALL DESCRIPTION	MODEL TYPES	ADDITIONAL CONSIDERATIONS
Type 1 Per Unit Rate Model	<ul style="list-style-type: none"> <li>▪ Used when the direct care service time assumptions related to providing the service can be reasonably determined on a per unit basis.</li> <li>▪ Assumes that all team members incur time when a unit of service is provided, with supervision as necessary.</li> <li>▪ The final rate per unit reflects the adjusted total minutes multiplied by the hourly labor-related cost components and then adding all other applicable rate components.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Model 1.1:</b> One direct care staff person is expected to provide the service; accounts for time related to staff supervision.</li> <li>▪ <b>Model 1.2:</b> One or two direct care staff providing the service; accounts for time related to staff supervision</li> </ul>	<ul style="list-style-type: none"> <li>▪ The administration/program support/overhead component is included in the final rate per unit by taking the total cost of all prior components divided by one minus the administration/program support/overhead percentage amount.</li> </ul>
Type 2 Case Load Rate Model	<ul style="list-style-type: none"> <li>▪ Used when the expected costs of services are more reasonably determined on a monthly basis, with resulting accumulated monthly expenses converted to a service unit value based on assumptions related to the average number of individuals served and/or units provided during the month.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Only one model type.</li> <li>▪ Reflects a team approach to services. While not all team members are expected to contribute to the delivery of every unit of service, the staffing resources assumed for this model are expected to represent the average per unit resources over the course of a month.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Does not separately distinguish direct time from indirect or transportation time.</li> <li>▪ Adjusted daily service time components               <ul style="list-style-type: none"> <li>- Direct care staff time per day</li> <li>- Supervisor time per day</li> </ul> </li> <li>▪ Per unit conversion               <ul style="list-style-type: none"> <li>- Expenses are developed on a monthly basis</li> <li>- Average caseload is based on input from the Provider Survey, the IRM focus groups, and feedback from subject matter experts engaged for specific services</li> <li>- Average units per individual per month are estimated based on the average number of days per month a provider could be delivering services (weekdays less 11 holidays annually).</li> </ul> </li> </ul>

MODEL	OVERALL DESCRIPTION	MODEL TYPES	ADDITIONAL CONSIDERATIONS
<b>Type 3 24/7 Shift- Based Rate Model</b>	<ul style="list-style-type: none"> <li>Used for services where more than one individual is served, typically in a residential setting, where direct care staff are expected to be on-site for scheduled periods or shifts, set up to provide service coverage over an extended period of time, or on a 24/7 basis.</li> </ul>	<ul style="list-style-type: none"> <li>Only one model type.</li> <li>Considers the number of direct care staff required for each shift each day, including separate staffing patterns for weekday periods and weekends.</li> </ul>	<ul style="list-style-type: none"> <li>Since the direct care staff delivering these services commonly earn time and a half pay by working overtime or holiday hours, assumptions for a reasonable percentage of hours paid at a time and a half pay rate are incorporated (see earlier discussion in <i>Section 5.1.2</i>).</li> <li>Accounting for time and a half pay, separate weekly wages expenses and ERE expenses are calculated for each type of direct care staff (i.e., provider group) delivering the service. These values are then converted to an average daily expense amount per individual served.</li> <li>Adjusted weekly service time components <ul style="list-style-type: none"> <li>Direct care staff time and supervisor staff time per week</li> <li>Paid time off adjustment factor</li> </ul> </li> <li>Transportation expenses reflect costs that reflect the need to operate and maintain a van or other vehicle dedicated to transporting individuals for service-related purposes (see earlier discussion in <i>Section 5.3</i>).</li> <li>Add-on cost components per unit <ul style="list-style-type: none"> <li>Caseload efficiency</li> <li>Program support costs, administration, and overhead</li> </ul> </li> </ul>

## 7 Limitations and Data Reliance

The information contained in this correspondence, including any enclosures, has been prepared for the State of Rhode Island, Office of the Health Insurance Commissioner (OHIC) and their advisors. Milliman's work is prepared solely for the use and benefit of the State of Rhode Island, Office of the Health Insurance Commissioner (OHIC) in accordance with its statutory and regulatory requirements. Milliman recognizes this report will be public record subject to disclosure to third parties; however, Milliman does not intend to benefit and assumes no duty or liability to any third parties who receive Milliman's work. To the extent that the information contained in this correspondence is provided to any third parties, the correspondence should be distributed in its entirety.

Milliman has developed certain models to estimate the values included in this correspondence. The intent of the models was to estimate expected costs a reasonably efficient provider would incur while delivering the services outlined in this report. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP). The models rely on data and information as input to the models. We have relied upon certain data and information provided by the providers, EOHHS, BHDDH, RIDOH, and 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 described in this report. The models, including all input, calculations, and output may not be appropriate for any other purpose.

We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Comparison rates are developed using an independent rate model, which calculates rates based on the sum of independently determined rate inputs and components. Inputs are based on expected resources required to provide the service. Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

The scope of this analysis did not include adjustment to the existing rate structure of the services reviewed. Adjustments to the rate reimbursement structure may be considered in subsequent rate analyses in combination with policy priorities to address the strategic goals of Rhode Island.

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

## Appendix 1: Summary Rate Comparison

**Rhode Island Office of the Health Insurance Commissioner  
Social and Human Service Programs Rate Review  
Appendix 1a: Summary Rate Comparison**

Service Code	Service Description	Reporting Units	Independent Rate Model Development Unit Cost				Total IRM Rate	Existing FFS Rate	Percent Difference
			Salaries & Wages	Employee Related Expenses	Transportation & Fleet Vehicle Expenses	Administration, Program Support & Overhead			
H0046	Lead Therapy	30 Minutes	\$ 19.16	\$ 7.08	\$ 0.75	\$ 8.99	\$ 35.98	\$ 38.67	(7.0%)
H0046-HO	Clinical Supervision – Master Level Clinician	30 Minutes	35.54	9.90	0.67	15.37	61.49	59.07	4.1%
H0046-HP	Clinical Supervision – Doctoral Level Clinician	30 Minutes	38.47	10.33	0.67	16.49	65.96	69.81	(5.5%)
H2014	Specialized Treatment Consultation	15 Minutes	22.23	6.00	1.35	9.86	39.44	29.54	33.5%
H2014-HO	Treatment Consultation – Master Level Therapist	15 Minutes	20.79	5.79	1.35	9.31	37.23	29.54	26.0%
H2014-HP	Treatment Consultation – Doctoral Level Therapist	15 Minutes	22.50	6.04	1.35	9.96	39.85	34.91	14.2%
T1013	Interpretation	15 Minutes	13.51	5.06	2.69	7.09	28.34	27.48	3.1%
T1016 (HBTS)	Treatment Coordination	15 Minutes	10.96	4.05	1.23	5.42	21.67	21.98	(1.4%)
T1024	Home Based – Specialized Treatment and Treatment Support	30 Minutes	18.58	7.29	1.23	9.03	36.14	33.30	8.5%
G0156	Home health aide	15 Minutes	11.82	4.64	2.81	4.82	24.08	10.07	139.1%
X0043	Home health nursing and therapy visits	Encounter	101.98	28.45	11.22	35.41	177.06	152.49	16.1%
H1000	Pre-Natal Intake	Encounter	264.58	75.91	11.22	117.23	468.94	415.97	12.7%
99502	Pre-Natal Follow-up Paraprofessional	15 Minutes	27.86	10.27	2.81	13.64	54.58	42.76	27.6%
99502-AJ	Pre-Natal Follow-up LICSW	15 Minutes	49.90	13.86	2.81	22.19	88.76	48.40	83.4%
99502-TD	Pre-Natal Follow-up Nurse	15 Minutes	47.96	13.35	2.81	21.37	85.48	61.23	39.6%
99501	Post-Natal Intake	Encounter	264.58	75.91	11.22	117.23	468.94	415.97	12.7%
99502-HA	Post-Natal Follow-up Paraprofessional	15 Minutes	27.86	10.27	2.81	13.64	54.58	42.76	27.6%
99502-AJ-HA	Post-Natal Follow-up LICSW	15 Minutes	49.90	13.86	2.81	22.19	88.76	48.40	83.4%
99502-TD-HA	Post-Natal Follow-up Nurse	15 Minutes	47.96	13.35	2.81	21.37	85.48	61.23	39.6%
99600-HD	Pre/Post-Natal Intake/Follow-up	15 Minutes	28.50	10.05	2.36	13.64	54.54	49.13	11.0%
S5102	Basic Level - Half Day	Per Diem	25.21	8.74	-	8.49	42.43	34.73	22.2%
S5102-U2	Basic Level - Full Day	Per Diem	50.41	17.48	-	16.97	84.87	69.46	22.2%
S5102-U1	Enhanced Level - Half Day	Per Diem	36.32	13.23	-	12.39	61.93	46.71	32.6%
S5102-U1-U2	Enhanced Level - Full Day	Per Diem	72.63	26.46	-	24.77	123.86	93.41	32.6%
H0019-U1	On-site Supportive Psychiatric Rehabilitative Apartments	Per Diem	81.58	31.24	2.38	31.74	146.95	107.04	37.3%
H0019-U3	Support Mental Health Psychiatric Rehabilitative Residence Apartments	Per Diem	119.87	46.72	2.38	46.55	215.52	157.42	36.9%
H0019-U4	Basic Mental Health Psychiatric Rehabilitative Residence	Per Diem	119.87	46.72	2.38	46.55	215.52	157.42	36.9%
H0019-U5	Specialized Mental Health Psychiatric Rehabilitative Residence	Per Diem	167.73	66.07	2.38	65.07	301.25	220.38	36.7%
H0019-U6	Enhanced Mental Health Psychiatric Rehabilitative Residence	Per Diem	363.62	122.78	3.18	134.88	624.46	569.99	9.6%

## Notes:

(1) Illustrated values have been rounded.

(2) Applicable program indicators include Adult Mental Health (MMH015), Adult Day Care (MAD010), HBTS (MCE025). Home health, First Connections, and Healthy Families America services do not have a corresponding program indicator.

(3) The H2014 Specialized Treatment Consultation rate is based on a blend of the individual Occupational Therapist, Physical Therapist, and Speech Therapist rates.

**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 1b: Specialized Treatment Consultation (H2014) Blended Rate Calculation**

<b>Independent Rate Model Development Unit Cost</b>						
<b>Practitioner</b>	<b>Salaries &amp; Wages</b>	<b>Employee Related Expenses</b>	<b>Transportation &amp; Fleet Vehicle Expenses</b>	<b>Administration, Program Support &amp; Overhead</b>	<b>Total IRM Rate</b>	<b>Percent Weight</b>
Occupational Therapist	\$ 21.34	\$ 5.87	\$ 1.35	\$ 9.52	\$ 38.07	33.3%
Physical Therapist	21.79	5.93	1.35	9.69	38.77	33.3%
Speech Pathologist	23.57	6.20	1.35	10.37	41.48	33.3%
<b>Final Blended H2014 Rate</b>	<b>\$ 22.23</b>	<b>\$ 6.00</b>	<b>\$ 1.35</b>	<b>\$ 9.86</b>	<b>\$ 39.44</b>	<b>100.0%</b>

## Appendix 2: Detailed Inputs and Assumptions



Rhode Island Office of the Health Insurance Commissioner Social and Human Service Programs Rate Review Appendix 2: Detailed Independent Rate Model (IRM) Inputs and Assumptions - Model 1												
Service Code	Service Description	Direct Minutes per Unit	Indirect Minutes per Unit	Travel Minutes per Unit	Staffing Ratio	No-Show Load	Supervisor Span of Control	Overhead Percent	Practitioner		Supervisor	
									Practitioner Provider Grouping	Practitioner Wage	Supervisor Provider Grouping	Supervisor Wage
H0046	Lead Therapy	-	30.0	2.0	1	0.75%	30	25%	Bachelor's Level	\$ 28.50	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	\$ 49.17
H0046-HO	Clinical Supervision – Master Level Clinician	30.0	-	1.8	1	0.00%	8	25%	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	\$ 49.17	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	\$ 57.00
H0046-HP	Clinical Supervision – Doctoral Level Clinician	30.0	-	1.8	1	0.00%	8	25%	Psychologist	\$ 53.99	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	\$ 57.00
H2014 (Occupational Therapist)	Specialized Treatment Consultation – Occupational Therapist	-	15.0	3.6	1	0.00%	8	25%	Occupational Therapist	\$ 50.84	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	\$ 57.00
H2014 (Physical Therapist)	Specialized Treatment Consultation – Physical Therapist	-	15.0	3.6	1	0.00%	8	25%	Physical Therapist	\$ 52.07	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	\$ 57.00
H2014 (Speech and Language Therapist)	Specialized Treatment Consultation – Speech and Language Therapist	-	15.0	3.6	1	0.00%	8	25%	Speech Pathologist	\$ 56.88	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	\$ 57.00
H2014-HO	Treatment Consultation – Master Level Therapist	-	15.0	3.6	1	0.00%	8	25%	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	\$ 49.17	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	\$ 57.00
H2014-HP	Treatment Consultation – Doctoral Level Therapist	-	15.0	3.6	1	0.00%	8	25%	Psychologist	\$ 53.99	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	\$ 57.00
T1013	Interpretation	15.0	1.7	7.2	1	0.00%	-	25%	Bachelor's Level	\$ 28.50		
T1016 (HBTS)	Treatment Coordination	-	15.0	3.3	1	0.75%	30	25%	Bachelor's Level	\$ 28.50	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	\$ 49.17
T1024	Home Based – Specialized Treatment and Treatment Support	30.0	2.0	3.3	1	3.00%	30	25%	Less Than Bachelor's	\$ 25.60	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	\$ 49.17
G0156	Home health aide	15.0	-	7.5	1	0.00%	10	20%	CNA	\$ 23.76	Registered Nurse	\$ 49.45
X0043	Home health nursing and therapy visits	53.0	11.0	30.0	1	0.00%	10	20%	Registered Nurse	\$ 49.45	Registered Nurse	\$ 53.78
H1000	Pre-Natal Intake	90.0	60.0	30.0	1	25.00%	5	25%	Registered Nurse	\$ 49.45	Registered Nurse	\$ 53.78
		22.5	-	7.5					Less Than Bachelor's	\$ 25.60		
99502	Pre-Natal Follow-up Paraprofessional	15.0	12.5	7.5	1	25.00%	5	25%	Less Than Bachelor's	\$ 25.60	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	\$ 49.17
99502-AJ	Pre-Natal Follow-up LICSW	15.0	12.5	7.5	1	25.00%	5	25%	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	\$ 49.17	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	\$ 57.00
99502-TD	Pre-Natal Follow-up Nurse	15.0	12.5	7.5	1	25.00%	5	25%	Registered Nurse	\$ 49.45	Registered Nurse	\$ 53.78
99501	Post-Natal Intake	90.0	60.0	30.0	1	25.00%	5	25%	Registered Nurse	\$ 49.45	Registered Nurse	\$ 53.78
		22.5	-	7.5					Less Than Bachelor's	\$ 25.60		
99502-HA	Post-Natal Follow-up Paraprofessional	15.0	12.5	7.5	1	25.00%	5	25%	Less Than Bachelor's	\$ 25.60	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	\$ 49.17
99502-AJ-HA	Post-Natal Follow-up LICSW	15.0	12.5	7.5	1	25.00%	5	25%	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	\$ 49.17	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	\$ 57.00
99502-TD-HA	Post-Natal Follow-up Nurse	15.0	12.5	7.5	1	25.00%	5	25%	Registered Nurse	\$ 49.45	Registered Nurse	\$ 53.78
99600-HD	Pre/Post-Natal Intake/Follow-up	15.0	10.5	6.3	1	25.00%	5	25%	Bachelor's Level	\$ 28.50	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	\$ 49.17

Rhode Island Office of the Health Insurance Commissioner Social and Human Service Programs Rate Review Appendix 2: Detailed Independent Rate Model (IRM) Inputs and Assumptions - Model 2								
Service Code	Service Description	Average Number of Recipients Per Team	Overhead Percent	Staff: Number of Employees and Hourly Wage				
				Direct Workers (CNA)	Direct Workers (Less than BA)	RN	Social Worker	Life Enrichment
S5102	Basic Level - Half Day	96	20%	3 Employees \$23.76	3 Employees \$23.73	1 Employee \$49.45	1 Employee \$49.17	0.5 Employees \$26.18
S5102-U2	Basic Level - Full Day	48	20%	3 Employees \$23.76	3 Employees \$23.73	1 Employee \$49.45	1 Employee \$49.17	0.5 Employees \$26.18
S5102-U1	Enhanced Level - Half Day	96	20%	8 Employees \$23.76	3 Employees \$23.73	1 Employee \$49.45	1 Employee \$49.17	0.5 Employees \$26.18
S5102-U1-U2	Enhanced Level - Full Day	48	20%	8 Employees \$23.76	3 Employees \$23.73	1 Employee \$49.45	1 Employee \$49.17	0.5 Employees \$26.18

Rhode Island Office of the Health Insurance Commissioner Social and Human Service Programs Rate Review Appendix 2: Detailed Independent Rate Model (IRM) Inputs and Assumptions - Model 3														
			Number of Employees for Weekday Shifts			Number of Employees for Weekend Shifts								
			First Shift	Second Shift	Third Shift	First Shift	Second Shift	Third Shift						
Service Code	Service Description	Position	First Shift	Second Shift	Third Shift	First Shift	Second Shift	Third Shift	Hourly Wage	Percent of Total Hours Paid at Time and a Half	Number of Clients Served	Caseload Efficiency	Units Per Week	Administration / Program Support / Overhead
H0019-U1	On-site Supportive Psychiatric Rehabilitative Apartments	Direct Care Worker	2.0	1.0	-	2.0	1.0	-	\$ 23.73	12.5%	12	98.0%	7	20%
		Home Manager	1.0	-	-	-	-	-	\$ 28.50	12.5%				
		Director	0.3	-	-	-	-	-	\$ 49.17	0.0%				
H0019-U3	Support Mental Health Psychiatric Rehabilitative Residence Apartments	Direct Care Worker	2.0	2.0	1.0	2.0	2.0	1.0	\$ 23.73	12.5%	12	98.0%	7	20%
		Home Manager	1.0	-	-	-	-	-	\$ 28.50	12.5%				
		Director	0.3	-	-	-	-	-	\$ 49.17	0.0%				
H0019-U4	Basic Mental Health Psychiatric Rehabilitative Residence	Direct Care Worker	2.0	2.0	1.0	2.0	2.0	1.0	\$ 23.73	12.5%	12	98.0%	7	20%
		Home Manager	1.0	-	-	-	-	-	\$ 28.50	12.5%				
		Director	0.3	-	-	-	-	-	\$ 49.17	0.0%				
H0019-U5	Specialized Mental Health Psychiatric Rehabilitative Residence	Direct Care Worker	3.0	3.0	1.5	3.0	3.0	1.5	\$ 23.73	12.5%	12	98.0%	7	20%
		Home Manager	1.0	-	-	-	-	-	\$ 28.50	12.5%				
		Director	0.3	-	-	-	-	-	\$ 49.17	0.0%				
H0019-U6	Enhanced Mental Health Psychiatric Rehabilitative Residence	Direct Care Worker	2.0	2.0	2.0	2.0	2.0	2.0	\$ 25.60	12.5%	9	98.0%	7	20%
		Direct Care Worker - CNA	1.0	1.0	-	1.0	1.0	-	\$ 23.76	12.5%				
		Resident Manager / Behavior Therapist	2.0	-	-	-	-	-	\$ 49.17	0.0%				
		Nurse	1.0	-	-	-	-	-	\$ 49.45	0.0%				
		Occupational Therapist	1.0	-	-	-	-	-	\$ 50.84	0.0%				

## Appendix 3: Provider Groupings and Wages

Rhode Island Office of the Health Insurance Commissioner Social and Human Service Programs Rate Review Appendix 3: Provider Groupings and Wages							
Provider Grouping	BLS Job Title	Wage Percentile					Weight
		25th Percentile	37.5th Percentile	50th Percentile	62.5th Percentile	75th Percentile	
Less Than Bachelor's	Home Health and Personal Care Aides	19.30	20.92	22.54	23.10	23.66	33.3%
Less Than Bachelor's	Nursing Assistants	21.03	22.40	23.76	24.47	25.18	33.3%
Less Than Bachelor's	Healthcare Support Workers, All Other	22.93	23.91	24.88	26.43	27.97	33.3%
<b>Less Than Bachelor's - Composite</b>		<b>\$ 21.09</b>	<b>\$ 22.41</b>	<b>\$ 23.73</b>	<b>\$ 24.67</b>	<b>\$ 25.60</b>	<b>100.0%</b>
Bachelor's Level	Mental Health and Substance Abuse Social Workers	25.65	29.10	32.54	45.53	58.52	33.3%
Bachelor's Level	Substance Abuse, Behavioral Disorder, and Mental Health Counselors	22.90	24.84	26.78	31.52	36.25	33.3%
Bachelor's Level	Healthcare Practitioners and Technical Workers, All Other	24.15	25.17	26.18	30.60	35.02	33.3%
<b>Bachelor's Level - Composite</b>		<b>\$ 24.23</b>	<b>\$ 26.37</b>	<b>\$ 28.50</b>	<b>\$ 35.88</b>	<b>\$ 43.26</b>	<b>100.0%</b>
Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	Mental Health and Substance Abuse Social Workers	25.65	29.10	32.54	45.53	58.52	50.0%
Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	Healthcare Social Workers	34.13	38.44	42.75	46.00	49.24	25.0%
Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	Social Workers, All Other	48.79	53.16	57.52	59.61	61.70	25.0%
<b>Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW) - Composite</b>		<b>\$ 33.56</b>	<b>\$ 37.45</b>	<b>\$ 41.34</b>	<b>\$ 49.17</b>	<b>\$ 57.00</b>	<b>100.0%</b>
<b>CNA</b>	<b>Nursing Assistants</b>	<b>\$ 21.03</b>	<b>\$ 22.40</b>	<b>\$ 23.76</b>	<b>\$ 24.47</b>	<b>\$ 25.18</b>	<b>100.0%</b>
<b>Registered Nurse</b>	<b>Registered Nurses</b>	<b>\$ 45.12</b>	<b>\$ 49.45</b>	<b>\$ 53.78</b>	<b>\$ 57.17</b>	<b>\$ 60.55</b>	<b>100.0%</b>
<b>Speech Pathologist</b>	<b>Speech-Language Pathologists</b>	<b>\$ 45.05</b>	<b>\$ 49.61</b>	<b>\$ 54.17</b>	<b>\$ 56.88</b>	<b>\$ 59.59</b>	<b>100.0%</b>
Occupational Therapist	Occupational Therapy Assistants	32.23	33.22	34.21	36.32	38.43	25.0%
Occupational Therapist	Occupational Therapists	44.34	48.85	53.35	55.68	58.00	75.0%
<b>Occupational Therapist - Composite</b>		<b>\$ 41.31</b>	<b>\$ 44.94</b>	<b>\$ 48.57</b>	<b>\$ 50.84</b>	<b>\$ 53.11</b>	<b>100.0%</b>
Physical Therapist	Physical Therapist Assistants	33.17	33.65	34.12	36.76	39.40	25.0%
Physical Therapist	Physical Therapists	43.60	49.48	55.36	57.18	58.99	75.0%
<b>Physical Therapist - Composite</b>		<b>\$ 40.99</b>	<b>\$ 45.52</b>	<b>\$ 50.05</b>	<b>\$ 52.07</b>	<b>\$ 54.09</b>	<b>100.0%</b>
Psychologist	Clinical and Counseling Psychologists	45.00	49.89	54.78	60.02	65.26	33.3%
Psychologist	School Psychologists	38.87	43.08	47.29	49.31	51.32	33.3%
Psychologist	Psychologists, All Other	58.26	59.08	59.89	70.25	80.61	33.3%
<b>Psychologist - Composite</b>		<b>\$ 47.38</b>	<b>\$ 50.69</b>	<b>\$ 53.99</b>	<b>\$ 59.86</b>	<b>\$ 65.73</b>	<b>100.0%</b>
<b>Recreation Therapist</b>	<b>Healthcare Practitioners and Technical Workers, All Other</b>	<b>\$ 24.15</b>	<b>\$ 25.17</b>	<b>\$ 26.18</b>	<b>\$ 30.60</b>	<b>\$ 35.02</b>	<b>100.0%</b>

Notes:

(1) The wage data is based on May 2024 Rhode Island wage data and trended to October 1, 2027 at 3.35% annually.

## Appendix 4: PTO and Training Adjustment Development

Rhode Island Office of the Health Insurance Commissioner Social and Human Service Programs Rate Review Appendix 4: Paid Time Off and Training Time										
	A	B	C	D	E	F	G	H	I	J
Provider Grouping	Annual productive time	Paid holidays and PTO per year	Ongoing training / conference time hours per year	Total	Training hours / inefficient time for each new hire	Turnover percentage	New hire training hours per year	Hours of replacement for non- productive time	Annual hours paid on	PTO / training / conference time adjustment factor
	I - H			B + C			E * F	D + G		$I / (I - H) - 1$
Less Than Bachelor's	1,826	200	40	240	40	35%	14	254	2,080	13.9%
Bachelor's Level	1,746	280	40	320	40	35%	14	334	2,080	19.1%
Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	1,746	280	40	320	40	35%	14	334	2,080	19.1%
CNA	1,928	120	24	144	24	35%	8	152	2,080	7.9%
Registered Nurse	1,752	280	40	320	40	20%	8	328	2,080	18.7%
Speech Pathologist	1,752	280	40	320	40	20%	8	328	2,080	18.7%
Occupational Therapist	1,752	280	40	320	40	20%	8	328	2,080	18.7%
Physical Therapist	1,752	280	40	320	40	20%	8	328	2,080	18.7%
Psychologist	1,752	280	40	320	40	20%	8	328	2,080	18.7%
Recreation Therapist	1,752	280	40	320	40	20%	8	328	2,080	18.7%

Rhode Island Office of the Health Insurance Commissioner Social and Human Service Programs Rate Review Appendix 4: Paid Time Off and Training Time - FC/HFA										
	A	B	C	D	E	F	G	H	I	J
Provider Grouping	Annual productive time	Paid holidays and PTO per year	Ongoing training / conference time hours per year	Total	Training hours / inefficient time for each new hire	Turnover percentage	New hire training hours per year	Hours of replacement for non- productive time	Annual hours paid on	PTO / training / conference time adjustment factor
	I - H			B + C			E * F	D + G		$I / (I - H) - 1$
Less Than Bachelor's	1,724	200	55	255	290	35%	102	357	2,080	20.7%
Bachelor's Level	1,644	280	55	335	290	35%	102	437	2,080	26.6%
Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW)	1,644	280	55	335	290	35%	102	437	2,080	26.6%
CNA	1,835	120	24	144	290	35%	102	246	2,080	13.4%
Registered Nurse	1,702	280	40	320	290	20%	58	378	2,080	22.2%
Speech Pathologist	1,702	280	40	320	290	20%	58	378	2,080	22.2%
Occupational Therapist	1,702	280	40	320	290	20%	58	378	2,080	22.2%
Physical Therapist	1,702	280	40	320	290	20%	58	378	2,080	22.2%
Psychologist	1,702	280	40	320	290	20%	58	378	2,080	22.2%
Recreation Therapist	1,702	280	40	320	290	20%	58	378	2,080	22.2%



## Appendix 5: Employee Related Expense Summary

Rhode Island Office of the Health Insurance Commissioner Social and Human Service Programs Rate Review Appendix 5: Employee Related Expense (ERE) Summary		
ERE Component	ERE Amount	Notes
Medicare Tax	1.45%	Based on 2025 Medicare FICA percentage
Workers' Compensation	Varies	Based on BLS data and employer surveys. 2% for Adult Day Care & MHPRR; 3.5% for all others.
Retirement	4.00%	Based on BLS data
Social Security Tax	6.20%	Subject to projected \$190,238 annual taxable limit
FUTA	\$ 420.00	6.0% x \$7,000 annual taxable limit
SUI	\$ 796.00	2.50% (average RI rate, per DOL) x \$31,849 projected annual taxable wage base
Insurance	\$ 12,000.00	Annual cost for eligible employees based on BLS data, provider feedback, and recent health insurance trends. Includes health, dental, vision, and other insurance.

## Notes:

(1) Workers' Comp, Retirement, and Insurance amounts are informed by stakeholder feedback and private industry BLS data released in the March 2024 Employer Costs for Employee Compensation report.

(2) Social Security annual taxable limit is calculated as an average of SSA's projections for the rating period (October 1, 2026 through September 30, 2028).

## Appendix 6: Detailed IRM Exhibits

**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: H0046  
 Service Description: Lead Therapy  
 Reporting Unit: 30 Minutes

**Master's Licensed (LCSW,  
 LMFT, LMHC, BCBA,  
 LICSW)  
 (62.5th Percentile)**

**Bachelor's Level  
 (50th Percentile)**

Ref.	Description	Direct Care Worker	Supervisor	Total	Notes
A	Average minutes of direct time per unit	-			No direct time
B	Average minutes of indirect time per unit	30.00			30 minute unit
C	Average minutes of transportation time per unit	2.00			Assuming 3.75 units of service are delivered per date of service, with 7.5 minutes of transportation time in total
D	<b>Total minutes per unit</b>	<b>32.00</b>			$D = A + B + C$
E	No-Show Load	0.8%			Assumes 0.8% increase to direct, indirect, and transportation time due to no shows
F	Staffing ratio	1			1 beneficiary receiving service
G	Supervisor span of control		30		30 employees assumed to be managed by 1 supervisor
H	Supervisor minutes per worker		1.07		$H = D / G$
I	PTO / training / conference time adjustment factor	19.1%	19.1%		Based on separate PTO build
J	<b>Adjusted total minutes per unit</b>	<b>38.14</b>	<b>1.27</b>		$J = \{ [(A * 0.5 + C) / (1 - E)] + [(A * (1 - 0.5) + B)] \} / F * (1 + I)$
K	Hourly wage	\$ 28.50	\$ 49.17		Based on separate wage build
L	<b>Total wages expense per unit</b>	<b>\$ 18.12</b>	<b>\$ 1.04</b>	<b>\$ 19.16</b>	$L = K * J / 60$
M	Employee related expense (ERE) percentage	37.4%	28.1%		Based on separate ERE build
N	<b>Total ERE expense per unit</b>	<b>\$ 6.78</b>	<b>\$ 0.29</b>	<b>\$ 7.08</b>	$N = L * M$
O	Estimated average MPH			30.0	Based on assumptions
P	Estimated miles driven per unit			1.0	$P = O * C / 60 / F$
Q	Federal reimbursement rate			\$ 0.75	Assuming current federal reimbursement rate of \$0.70 per mile, with 3% trend
R	<b>Total transportation expense per unit</b>			<b>\$ 0.75</b>	$R = P * Q$
S	Administration / program support / overhead			25.0%	Portion of total rate
T	<b>Total administration expenses</b>			<b>\$ 8.99</b>	$T = (L + N + R) * S / (1 - S)$
U	<b>30 Minutes Rate</b>			<b>\$ 35.98</b>	$U = L + N + R + T$

Ref.	Alignment to cost allocation plan			Total	Notes
V	Direct service employee salaries & wages			\$ 0.00	
W	Indirect service employee salaries & wages			\$ 17.96	
X	Transportation employee salaries & wages			\$ 1.20	
Y	Employee related expenses			\$ 7.08	
Z	Transportation expenses			\$ 0.75	
AA	Administration / program support / overhead			\$ 8.99	
AB	<b>30 Minutes Rate</b>			<b>\$ 35.98</b>	

Note: Illustrated values have been rounded.

**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: H0046-HO  
 Service Description: Clinical Supervision – Master Level Clinician  
 Reporting Unit: 30 Minutes

**Master's Licensed  
 (LCSW, LMFT, LMHC,  
 BCBA, LICSW)  
 (62.5th Percentile)**

**Master's Licensed (LCSW,  
 LMFT, LMHC, BCBA,  
 LICSW)  
 (75th Percentile)**

Ref.	Description	Clinician	Supervisor	Total	Notes
A	Average minutes of direct time per unit	30.00			30 minute unit
B	Average minutes of indirect time per unit	-			No indirect time
C	Average minutes of transportation time per unit	1.80			Assuming 2.5 units of service are delivered per date of service, with 4.5 minutes of transportation time in total
D	<b>Total minutes per unit</b>	<b>31.80</b>			$D = A + B + C$
E	No-Show Load	0.0%			No adjustment assumed for no shows
F	Staffing ratio	1			1 beneficiary receiving service
G	Supervisor span of control		8		8 employees assumed to be managed by 1 supervisor
H	Supervisor minutes per worker		3.98		$H = D / G$
I	PTO / training / conference time adjustment factor	19.1%	19.1%		Based on separate PTO build
J	<b>Adjusted total minutes per unit</b>	<b>37.88</b>	<b>4.74</b>		$J = \{ [(A * 0 + C) / (1 - E)] + [(A * (1 - 0) + B)] \} / F * (1 + I)$
K	Hourly wage	\$ 49.17	\$ 57.00		Based on separate wage build
L	<b>Total wages expense per unit</b>	<b>\$ 31.05</b>	<b>\$ 4.50</b>	<b>\$ 35.54</b>	$L = K * J / 60$
M	Employee related expense (ERE) percentage	28.1%	26.3%		Based on separate ERE build
N	<b>Total ERE expense per unit</b>	<b>\$ 8.72</b>	<b>\$ 1.18</b>	<b>\$ 9.90</b>	$N = L * M$
O	Estimated average MPH			30.0	Based on assumptions
P	Estimated miles driven per unit			0.9	$P = O * C / 60 / F$
Q	Federal reimbursement rate			\$ 0.75	Assuming current federal reimbursement rate of \$0.70 per mile, with 3% trend
R	<b>Total transportation expense per unit</b>			<b>\$ 0.67</b>	$R = P * Q$
S	Administration / program support / overhead			25.0%	Portion of total rate
T	<b>Total administration expenses</b>			<b>\$ 15.37</b>	$T = (L + N + R) * S / (1 - S)$
U	<b>30 Minutes Rate</b>			<b>\$ 61.49</b>	$U = L + N + R + T$

Ref.	Alignment to cost allocation plan			Total	Notes
V	Direct service employee salaries & wages			\$ 33.53	
W	Indirect service employee salaries & wages			\$ 0.00	
X	Transportation employee salaries & wages			\$ 2.01	
Y	Employee related expenses			\$ 9.90	
Z	Transportation expenses			\$ 0.67	
AA	Administration / program support / overhead			\$ 15.37	
AB	<b>30 Minutes Rate</b>			<b>\$ 61.49</b>	

Note: Illustrated values have been rounded.

**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: H0046-HP  
 Service Description: Clinical Supervision – Doctoral Level Clinician  
 Reporting Unit: 30 Minutes

**Master's Licensed (LCSW,  
 LMFT, LMHC, BCBA,  
 LICSW)  
 (75th Percentile)**

Ref.	Description	Psychologist (50th Percentile) Clinician	Supervisor	Total	Notes
A	Average minutes of direct time per unit	30.00			30 minute unit
B	Average minutes of indirect time per unit	-			No indirect time
C	Average minutes of transportation time per unit	1.80			Assuming 2.5 units of service are delivered per date of service, with 4.5 minutes of transportation time in total
D	<b>Total minutes per unit</b>	<b>31.80</b>			$D = A + B + C$
E	No-Show Load	0.0%			No adjustment assumed for no shows
F	Staffing ratio	1			1 beneficiary receiving service
G	Supervisor span of control		8		8 employees assumed to be managed by 1 supervisor
H	Supervisor minutes per worker		3.98		$H = D / G$
I	PTO / training / conference time adjustment factor	18.7%	19.1%		Based on separate PTO build
J	<b>Adjusted total minutes per unit</b>	<b>37.75</b>	<b>4.74</b>		$J = \{ [(A * 0 + C) / (1 - E)] + [(A * (1 - 0) + B)] \} / F * (1 + I)$
K	Hourly wage	\$ 53.99	\$ 57.00		Based on separate wage build
L	<b>Total wages expense per unit</b>	<b>\$ 33.97</b>	<b>\$ 4.50</b>	<b>\$ 38.47</b>	$L = K * J / 60$
M	Employee related expense (ERE) percentage	26.9%	26.3%		Based on separate ERE build
N	<b>Total ERE expense per unit</b>	<b>\$ 9.14</b>	<b>\$ 1.18</b>	<b>\$ 10.33</b>	$N = L * M$
O	Estimated average MPH			30.0	Based on assumptions
P	Estimated miles driven per unit			0.9	$P = O * C / 60 / F$
Q	Federal reimbursement rate			\$ 0.75	Assuming current federal reimbursement rate of \$0.70 per mile, with 3% trend
R	<b>Total transportation expense per unit</b>			<b>\$ 0.67</b>	$R = P * Q$
S	Administration / program support / overhead			25.0%	Portion of total rate
T	<b>Total administration expenses</b>			<b>\$ 16.49</b>	$T = (L + N + R) * S / (1 - S)$
U	<b>30 Minutes Rate</b>			<b>\$ 65.96</b>	$U = L + N + R + T$

Ref.	Alignment to cost allocation plan			Total	Notes
V	Direct service employee salaries & wages			\$ 36.29	
W	Indirect service employee salaries & wages			\$ 0.00	
X	Transportation employee salaries & wages			\$ 2.18	
Y	Employee related expenses			\$ 10.33	
Z	Transportation expenses			\$ 0.67	
AA	Administration / program support / overhead			\$ 16.49	
AB	<b>30 Minutes Rate</b>			<b>\$ 65.96</b>	

Note: Illustrated values have been rounded.

Service Code: H2014 (Occupational Therapist)  
Service Description: Specialized Treatment Consultation – Occupational Therapist  
Reporting Unit: 15 Minutes

**Master's Licensed (LCSW,  
LMFT, LMHC, BCBA,  
LCSW)  
(75th Percentile)**

Ref.	Description	Clinician	Supervisor	Total	Notes
A	Average minutes of direct time per unit	-			No direct time
B	Average minutes of indirect time per unit	15.00			15 minute unit
C	Average minutes of transportation time per unit	3.60			Assuming 2.5 units of service are delivered per date of service, with 9 minutes of transportation time in total
D	<b>Total minutes per unit</b>	<b>18.60</b>			$D = A + B + C$
E	No-Show Load	0.0%			No adjustment assumed for no shows
F	Staffing ratio	1			1 beneficiary receiving service
G	Supervisor span of control		8		8 employees assumed to be managed by 1 supervisor
H	Supervisor minutes per worker		2.33		$H = D / G$
I	PTO / training / conference time adjustment factor	18.7%	19.1%		Based on separate PTO build
J	<b>Adjusted total minutes per unit</b>	<b>22.08</b>	<b>2.77</b>		$J = \{ [(A * 0 + C) / (1 - E)] + [(A * (1 - 0) + B)] / F * (1 + I) \}$
K	Hourly wage	\$ 50.84	\$ 57.00		Based on separate wage build
L	<b>Total wages expense per unit</b>	<b>\$ 18.71</b>	<b>\$ 2.63</b>	<b>\$ 21.34</b>	$L = K * J / 60$
M	Employee related expense (ERE) percentage	27.6%	26.3%		Based on separate ERE build
N	<b>Total ERE expense per unit</b>	<b>\$ 5.17</b>	<b>\$ 0.69</b>	<b>\$ 5.87</b>	$N = L * M$
O	Estimated average MPH			30.0	Based on assumptions
P	Estimated miles driven per unit			1.8	$P = O * C / 60 / F$
Q	Federal reimbursement rate			\$ 0.75	Assuming current federal reimbursement rate of \$0.70 per mile, with 3% trend
R	<b>Total transportation expense per unit</b>			<b>\$ 1.35</b>	$R = P * Q$
S	Administration / program support / overhead			25.0%	Portion of total rate
T	<b>Total administration expenses</b>			<b>\$ 9.52</b>	$T = (L + N + R) * S / (1 - S)$
U	<b>15 Minutes Rate</b>			<b>\$ 38.07</b>	<b><math>U = L + N + R + T</math></b>

Ref.	Alignment to cost allocation plan			Total	Notes
V	Direct service employee salaries & wages			\$ 0.00	
W	Indirect service employee salaries & wages			\$ 17.21	
X	Transportation employee salaries & wages			\$ 4.13	
Y	Employee related expenses			\$ 5.87	
Z	Transportation expenses			\$ 1.35	
AA	Administration / program support / overhead			\$ 9.52	
AB	15 Minutes Rate			\$ 38.07	

Note: Illustrated values have been rounded.

**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: H2014 (Physical Therapist)  
 Service Description: Specialized Treatment Consultation – Physical Therapist  
 Reporting Unit: 15 Minutes

**Master's Licensed (LCSW,  
 LMFT, LMHC, BCBA,  
 LICSW)  
 (75th Percentile)**

Ref.	Description	Physical Therapist (62.5th Percentile)	Supervisor	Total	Notes
A	Average minutes of direct time per unit	-			No direct time
B	Average minutes of indirect time per unit	15.00			15 minute unit
C	Average minutes of transportation time per unit	3.60			Assuming 2.5 units of service are delivered per date of service, with 9 minutes of transportation time in total
D	<b>Total minutes per unit</b>	<b>18.60</b>			$D = A + B + C$
E	No-Show Load	0.0%			No adjustment assumed for no shows
F	Staffing ratio	1			1 beneficiary receiving service
G	Supervisor span of control		8		8 employees assumed to be managed by 1 supervisor
H	Supervisor minutes per worker		2.33		$H = D / G$
I	PTO / training / conference time adjustment factor	18.7%	19.1%		Based on separate PTO build
J	<b>Adjusted total minutes per unit</b>	<b>22.08</b>	<b>2.77</b>		$J = \{ [(A * 0 + C) / (1 - E)] + [(A * (1 - 0) + B)] \} / F * (1 + I)$
K	Hourly wage	\$ 52.07	\$ 57.00		Based on separate wage build
L	<b>Total wages expense per unit</b>	<b>\$ 19.16</b>	<b>\$ 2.63</b>	<b>\$ 21.79</b>	$L = K * J / 60$
M	Employee related expense (ERE) percentage	27.4%	26.3%		Based on separate ERE build
N	<b>Total ERE expense per unit</b>	<b>\$ 5.24</b>	<b>\$ 0.69</b>	<b>\$ 5.93</b>	$N = L * M$
O	Estimated average MPH			30.0	Based on assumptions
P	Estimated miles driven per unit			1.8	$P = O * C / 60 / F$
Q	Federal reimbursement rate			\$ 0.75	Assuming current federal reimbursement rate of \$0.70 per mile, with 3% trend
R	<b>Total transportation expense per unit</b>			<b>\$ 1.35</b>	$R = P * Q$
S	Administration / program support / overhead			25.0%	Portion of total rate
T	<b>Total administration expenses</b>			<b>\$ 9.69</b>	$T = (L + N + R) * S / (1 - S)$
U	<b>15 Minutes Rate</b>			<b>\$ 38.77</b>	$U = L + N + R + T$

Ref.	Alignment to cost allocation plan			Total	Notes
V	Direct service employee salaries & wages			\$ 0.00	
W	Indirect service employee salaries & wages			\$ 17.58	
X	Transportation employee salaries & wages			\$ 4.22	
Y	Employee related expenses			\$ 5.93	
Z	Transportation expenses			\$ 1.35	
AA	Administration / program support / overhead			\$ 9.69	
AB	<b>15 Minutes Rate</b>			<b>\$ 38.77</b>	

Note: Illustrated values have been rounded.



**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: H2014 (Speech and Language Therapist)  
 Service Description: Specialized Treatment Consultation – Speech and Language Therapist  
 Reporting Unit: 15 Minutes

**Master's Licensed (LCSW,  
 LMFT, LMHC, BCBA,  
 LICSW)  
 (75th Percentile)**

Ref.	Description	Speech Pathologist (62.5th Percentile) Clinician	Supervisor	Total	Notes
A	Average minutes of direct time per unit	-			No direct time
B	Average minutes of indirect time per unit	15.00			15 minute unit
C	Average minutes of transportation time per unit	3.60			Assuming 2.5 units of service are delivered per date of service, with 9 minutes of transportation time in total
D	<b>Total minutes per unit</b>	<b>18.60</b>			$D = A + B + C$
E	No-Show Load	0.0%			No adjustment assumed for no shows
F	Staffing ratio	1			1 beneficiary receiving service
G	Supervisor span of control		8		8 employees assumed to be managed by 1 supervisor
H	Supervisor minutes per worker		2.33		$H = D / G$
I	PTO / training / conference time adjustment factor	18.7%	19.1%		Based on separate PTO build
J	<b>Adjusted total minutes per unit</b>	<b>22.08</b>	<b>2.77</b>		$J = \{ [(A * 0 + C) / (1 - E)] + [(A * (1 - 0) + B)] \} / F * (1 + I)$
K	Hourly wage	\$ 56.88	\$ 57.00		Based on separate wage build
L	<b>Total wages expense per unit</b>	<b>\$ 20.93</b>	<b>\$ 2.63</b>	<b>\$ 23.57</b>	$L = K * J / 60$
M	Employee related expense (ERE) percentage	26.3%	26.3%		Based on separate ERE build
N	<b>Total ERE expense per unit</b>	<b>\$ 5.51</b>	<b>\$ 0.69</b>	<b>\$ 6.20</b>	$N = L * M$
O	Estimated average MPH			30.0	Based on assumptions
P	Estimated miles driven per unit			1.8	$P = O * C / 60 / F$
Q	Federal reimbursement rate			\$ 0.75	Assuming current federal reimbursement rate of \$0.70 per mile, with 3% trend
R	<b>Total transportation expense per unit</b>			<b>\$ 1.35</b>	$R = P * Q$
S	Administration / program support / overhead			25.0%	Portion of total rate
T	<b>Total administration expenses</b>			<b>\$ 10.37</b>	$T = (L + N + R) * S / (1 - S)$
U	<b>15 Minutes Rate</b>			<b>\$ 41.48</b>	$U = L + N + R + T$

Ref.	Alignment to cost allocation plan			Total	Notes
V	Direct service employee salaries & wages			\$ 0.00	
W	Indirect service employee salaries & wages			\$ 19.00	
X	Transportation employee salaries & wages			\$ 4.56	
Y	Employee related expenses			\$ 6.20	
Z	Transportation expenses			\$ 1.35	
AA	Administration / program support / overhead			\$ 10.37	
AB	<b>15 Minutes Rate</b>			<b>\$ 41.48</b>	

Note: Illustrated values have been rounded.

**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: H2014-HO  
 Service Description: Treatment Consultation – Master Level Therapist  
 Reporting Unit: 15 Minutes

**Master's Licensed  
 (LCSW, LMFT, LMHC,  
 BCBA, LICSW)  
 (62.5th Percentile)**

**Master's Licensed (LCSW,  
 LMFT, LMHC, BCBA,  
 LICSW)  
 (75th Percentile)**

Ref.	Description	Clinician	Supervisor	Total	Notes
A	Average minutes of direct time per unit	-			No direct time
B	Average minutes of indirect time per unit	15.00			15 minute unit
C	Average minutes of transportation time per unit	3.60			Assuming 2.5 units of service are delivered per date of service, with 9 minutes of transportation time in total
D	<b>Total minutes per unit</b>	<b>18.60</b>			$D = A + B + C$
E	No-Show Load	0.0%			No adjustment assumed for no shows
F	Staffing ratio	1			1 beneficiary receiving service
G	Supervisor span of control		8		8 employees assumed to be managed by 1 supervisor
H	Supervisor minutes per worker		2.33		$H = D / G$
I	PTO / training / conference time adjustment factor	19.1%	19.1%		Based on separate PTO build
J	<b>Adjusted total minutes per unit</b>	<b>22.16</b>	<b>2.77</b>		$J = \{ [(A * 0 + C) / (1 - E)] + [(A * (1 - 0) + B)] / F * (1 + I) \}$
K	Hourly wage	\$ 49.17	\$ 57.00		Based on separate wage build
L	<b>Total wages expense per unit</b>	<b>\$ 18.16</b>	<b>\$ 2.63</b>	<b>\$ 20.79</b>	$L = K * J / 60$
M	Employee related expense (ERE) percentage	28.1%	26.3%		Based on separate ERE build
N	<b>Total ERE expense per unit</b>	<b>\$ 5.10</b>	<b>\$ 0.69</b>	<b>\$ 5.79</b>	$N = L * M$
O	Estimated average MPH			30.0	Based on assumptions
P	Estimated miles driven per unit			1.8	$P = O * C / 60 / F$
Q	Federal reimbursement rate			\$ 0.75	Assuming current federal reimbursement rate of \$0.70 per mile, with 3% trend
R	<b>Total transportation expense per unit</b>			<b>\$ 1.35</b>	$R = P * Q$
S	Administration / program support / overhead			25.0%	Portion of total rate
T	<b>Total administration expenses</b>			<b>\$ 9.31</b>	$T = (L + N + R) * S / (1 - S)$
U	<b>15 Minutes Rate</b>			<b>\$ 37.23</b>	$U = L + N + R + T$

Ref.	Alignment to cost allocation plan			Total	Notes
V	Direct service employee salaries & wages			\$ 0.00	
W	Indirect service employee salaries & wages			\$ 16.77	
X	Transportation employee salaries & wages			\$ 4.02	
Y	Employee related expenses			\$ 5.79	
Z	Transportation expenses			\$ 1.35	
AA	Administration / program support / overhead			\$ 9.31	
AB	<b>15 Minutes Rate</b>			<b>\$ 37.23</b>	

Note: Illustrated values have been rounded.

**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: H2014-HP  
 Service Description: Treatment Consultation – Doctoral Level Therapist  
 Reporting Unit: 15 Minutes

**Master's Licensed (LCSW,  
 LMFT, LMHC, BCBA,  
 LICSW)  
 (75th Percentile)**

Ref.	Description	Psychologist (50th Percentile) Clinician	Supervisor	Total	Notes
A	Average minutes of direct time per unit	-			No direct time
B	Average minutes of indirect time per unit	15.00			15 minute unit
C	Average minutes of transportation time per unit	3.60			Assuming 2.5 units of service are delivered per date of service, with 9 minutes of transportation time in total
D	<b>Total minutes per unit</b>	<b>18.60</b>			$D = A + B + C$
E	No-Show Load	0.0%			No adjustment assumed for no shows
F	Staffing ratio	1			1 beneficiary receiving service
G	Supervisor span of control		8		8 employees assumed to be managed by 1 supervisor
H	Supervisor minutes per worker		2.33		$H = D / G$
I	PTO / training / conference time adjustment factor	18.7%	19.1%		Based on separate PTO build
J	<b>Adjusted total minutes per unit</b>	<b>22.08</b>	<b>2.77</b>		$J = \{ [(A * 0 + C) / (1 - E)] + [(A * (1 - 0) + B)] / F * (1 + I) \}$
K	Hourly wage	\$ 53.99	\$ 57.00		Based on separate wage build
L	<b>Total wages expense per unit</b>	<b>\$ 19.87</b>	<b>\$ 2.63</b>	<b>\$ 22.50</b>	$L = K * J / 60$
M	Employee related expense (ERE) percentage	26.9%	26.3%		Based on separate ERE build
N	<b>Total ERE expense per unit</b>	<b>\$ 5.35</b>	<b>\$ 0.69</b>	<b>\$ 6.04</b>	$N = L * M$
O	Estimated average MPH			30.0	Based on assumptions
P	Estimated miles driven per unit			1.8	$P = O * C / 60 / F$
Q	Federal reimbursement rate			\$ 0.75	Assuming current federal reimbursement rate of \$0.70 per mile, with 3% trend
R	<b>Total transportation expense per unit</b>			<b>\$ 1.35</b>	$R = P * Q$
S	Administration / program support / overhead			25.0%	Portion of total rate
T	<b>Total administration expenses</b>			<b>\$ 9.96</b>	$T = (L + N + R) * S / (1 - S)$
U	<b>15 Minutes Rate</b>			<b>\$ 39.85</b>	$U = L + N + R + T$

Ref.	Alignment to cost allocation plan			Total	Notes
V	Direct service employee salaries & wages			\$ 0.00	
W	Indirect service employee salaries & wages			\$ 18.15	
X	Transportation employee salaries & wages			\$ 4.36	
Y	Employee related expenses			\$ 6.04	
Z	Transportation expenses			\$ 1.35	
AA	Administration / program support / overhead			\$ 9.96	
AB	<b>15 Minutes Rate</b>			<b>\$ 39.85</b>	

Note: Illustrated values have been rounded.

**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: T1013  
 Service Description: Interpretation  
 Reporting Unit: 15 Minutes

**Bachelor's Level**  
**(50th Percentile)**

Ref.	Description	Interpreter		Total	Notes
A	Average minutes of direct time per unit	15.00			15 minute unit
B	Average minutes of indirect time per unit	1.67			Assuming 2.5 units of service are delivered per date of service, with 4.17 minutes of indirect time in total
C	Average minutes of transportation time per unit	7.20			Assuming 2.5 units of service are delivered per date of service, with 18 minutes of transportation time in total
D	<b>Total minutes per unit</b>	<b>23.87</b>			D = A + B + C
E	No-Show Load	0.0%			No adjustment assumed for no shows
F	Staffing ratio	1			1 beneficiary receiving service
G	Supervisor span of control				employees assumed to be managed by 1 supervisor
H	Supervisor minutes per worker				H = D / G
I	PTO / training / conference time adjustment factor	19.1%			Based on separate PTO build
J	<b>Adjusted total minutes per unit</b>	<b>28.43</b>			$J = \{ [(A * 0 + C) / (1 - E)] + [(A * (1 - 0) + B)] / F * (1 + I) \}$
K	Hourly wage	\$ 28.50			Based on separate wage build
L	<b>Total wages expense per unit</b>	<b>\$ 13.51</b>		<b>\$ 13.51</b>	L = K * J / 60
M	Employee related expense (ERE) percentage	37.4%			Based on separate ERE build
N	<b>Total ERE expense per unit</b>	<b>\$ 5.06</b>		<b>\$ 5.06</b>	N = L * M
O	Estimated average MPH			30.0	Based on assumptions
P	Estimated miles driven per unit			3.6	$P = O * C / 60 / F$
Q	Federal reimbursement rate			\$ 0.75	Assuming current federal reimbursement rate of \$0.70 per mile, with 3% trend
R	<b>Total transportation expense per unit</b>			<b>\$ 2.69</b>	R = P * Q
S	Administration / program support / overhead			25.0%	Portion of total rate
T	<b>Total administration expenses</b>			<b>\$ 7.09</b>	$T = (L + N + R) * S / (1 - S)$
U	<b>15 Minutes Rate</b>			<b>\$ 28.34</b>	<b>U = L + N + R + T</b>

Ref.	Alignment to cost allocation plan			Total	Notes
V	Direct service employee salaries & wages			\$ 8.49	
W	Indirect service employee salaries & wages			\$ 0.94	
X	Transportation employee salaries & wages			\$ 4.07	
Y	Employee related expenses			\$ 5.06	
Z	Transportation expenses			\$ 2.69	
AA	Administration / program support / overhead			\$ 7.09	
AB	<b>15 Minutes Rate</b>			<b>\$ 28.34</b>	

Note: Illustrated values have been rounded.

**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: T1016 (HBTS)  
 Service Description: Treatment Coordination  
 Reporting Unit: 15 Minutes

**Master's Licensed (LCSW,  
 LMFT, LMHC, BCBA,  
 LICSW)  
 (62.5th Percentile)**

**Bachelor's Level  
 (50th Percentile)**

Ref.	Description	Direct Care Worker	Supervisor	Total	Notes
A	Average minutes of direct time per unit	-			No direct time
B	Average minutes of indirect time per unit	15.00			15 minute unit
C	Average minutes of transportation time per unit	3.30			Assuming 2.25 units of service are delivered per date of service, with 7.425 minutes of transportation time in total
D	<b>Total minutes per unit</b>	<b>18.30</b>			$D = A + B + C$
E	No-Show Load	0.8%			Assumes 0.8% increase to direct, indirect, and transportation time due to no shows
F	Staffing ratio	1			1 beneficiary receiving service
G	Supervisor span of control		30		30 employees assumed to be managed by 1 supervisor
H	Supervisor minutes per worker		0.61		$H = D / G$
I	PTO / training / conference time adjustment factor	19.1%	19.1%		Based on separate PTO build
J	<b>Adjusted total minutes per unit</b>	<b>21.83</b>	<b>0.73</b>		$J = \{ [(A * 0.5 + C) / (1 - E)] + [(A * (1 - 0.5) + B)] \} / F * (1 + I)$
K	Hourly wage	\$ 28.50	\$ 49.17		Based on separate wage build
L	<b>Total wages expense per unit</b>	<b>\$ 10.37</b>	<b>\$ 0.60</b>	<b>\$ 10.96</b>	$L = K * J / 60$
M	Employee related expense (ERE) percentage	37.4%	28.1%		Based on separate ERE build
N	<b>Total ERE expense per unit</b>	<b>\$ 3.88</b>	<b>\$ 0.17</b>	<b>\$ 4.05</b>	$N = L * M$
O	Estimated average MPH			30.0	Based on assumptions
P	Estimated miles driven per unit			1.7	$P = O * C / 60 / F$
Q	Federal reimbursement rate			\$ 0.75	Assuming current federal reimbursement rate of \$0.70 per mile, with 3% trend
R	<b>Total transportation expense per unit</b>			<b>\$ 1.23</b>	$R = P * Q$
S	Administration / program support / overhead			25.0%	Portion of total rate
T	<b>Total administration expenses</b>			<b>\$ 5.42</b>	$T = (L + N + R) * S / (1 - S)$
U	<b>15 Minutes Rate</b>			<b>\$ 21.67</b>	$U = L + N + R + T$

Ref.	Alignment to cost allocation plan			Total	Notes
V	Direct service employee salaries & wages			\$ 0.00	
W	Indirect service employee salaries & wages			\$ 8.99	
X	Transportation employee salaries & wages			\$ 1.98	
Y	Employee related expenses			\$ 4.05	
Z	Transportation expenses			\$ 1.23	
AA	Administration / program support / overhead			\$ 5.42	
AB	<b>15 Minutes Rate</b>			<b>\$ 21.67</b>	

Note: Illustrated values have been rounded.



**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: G0156  
 Service Description: Home health aide  
 Reporting Unit: 15 Minutes

Ref.	Description	CNA (50th Percentile)	Registered Nurse (37.5th Percentile)	Total	Notes
		Clinician	Supervisor		
A	Average minutes of direct time per unit	15.00			15 minute unit
B	Average minutes of indirect time per unit	-			No indirect time
C	Average minutes of transportation time per unit	7.50			Assuming 4 units of service are delivered per date of service, with 30 minutes of transportation time in total
D	<b>Total minutes per unit</b>	<b>22.50</b>			$D = A + B + C$
E	No-Show Load	0.0%			No adjustment assumed for no shows
F	Staffing ratio	1			1 beneficiary receiving service
G	Supervisor span of control		10		10 employees assumed to be managed by 1 supervisor
H	Supervisor minutes per worker		2.25		$H = D / G$
I	PTO / training / conference time adjustment factor	7.9%	18.7%		Based on separate PTO build
J	<b>Adjusted total minutes per unit</b>	<b>24.28</b>	<b>2.67</b>		$J = \{ [(A * 0 + C) / (1 - E)] + [(A * (1 - 0) + B)] / F * (1 + I) \}$
K	Hourly wage	\$ 23.76	\$ 49.45		Based on separate wage build
L	<b>Total wages expense per unit</b>	<b>\$ 9.61</b>	<b>\$ 2.20</b>	<b>\$ 11.82</b>	$L = K * J / 60$
M	Employee related expense (ERE) percentage	41.9%	28.0%		Based on separate ERE build
N	<b>Total ERE expense per unit</b>	<b>\$ 4.03</b>	<b>\$ 0.62</b>	<b>\$ 4.64</b>	$N = L * M$
O	Estimated average MPH			30.0	Based on assumptions
P	Estimated miles driven per unit			3.8	$P = O * C / 60 / F$
Q	Federal reimbursement rate			\$ 0.75	Assuming current federal reimbursement rate of \$0.70 per mile, with 3% trend
R	<b>Total transportation expense per unit</b>			<b>\$ 2.81</b>	$R = P * Q$
S	Administration / program support / overhead			20.0%	Portion of total rate
T	<b>Total administration expenses</b>			<b>\$ 4.82</b>	$T = (L + N + R) * S / (1 - S)$
U	<b>15 Minutes Rate</b>			<b>\$ 24.08</b>	$U = L + N + R + T$

Ref.	Alignment to cost allocation plan			Total	Notes
V	Direct service employee salaries & wages			\$ 7.88	
W	Indirect service employee salaries & wages			\$ 0.00	
X	Transportation employee salaries & wages			\$ 3.94	
Y	Employee related expenses			\$ 4.64	
Z	Transportation expenses			\$ 2.81	
AA	Administration / program support / overhead			\$ 4.82	
AB	<b>15 Minutes Rate</b>			<b>\$ 24.08</b>	

Note: Illustrated values have been rounded.

**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: X0043  
 Service Description: Home health nursing and therapy visits  
 Reporting Unit: Encounter

Ref.	Description	Registered Nurse (37.5th Percentile)	Registered Nurse (50th Percentile)	Total	Notes
		Clinician	Supervisor		
A	Average minutes of direct time per unit	53.00			53 minutes of direct time per visit
B	Average minutes of indirect time per unit	11.00			11 minutes of indirect time per visit
C	Average minutes of transportation time per unit	30.00			30 minutes of travel time per visit
D	<b>Total minutes per unit</b>	<b>94.00</b>			$D = A + B + C$
E	No-Show Load	0.0%			No adjustment assumed for no shows
F	Staffing ratio	1			1 beneficiary receiving service
G	Supervisor span of control		10		10 employees assumed to be managed by 1 supervisor
H	Supervisor minutes per worker		9.40		$H = D / G$
I	PTO / training / conference time adjustment factor	18.7%	18.7%		Based on separate PTO build
J	<b>Adjusted total minutes per unit</b>	<b>111.60</b>	<b>11.16</b>		$J = \{ [(A * 0 + C) / (1 - E)] + [(A * (1 - 0) + B)] \} / F * (1 + I)$
K	Hourly wage	\$ 49.45	\$ 53.78		Based on separate wage build
L	<b>Total wages expense per unit</b>	<b>\$ 91.98</b>	<b>\$ 10.00</b>	<b>\$ 101.98</b>	$L = K * J / 60$
M	Employee related expense (ERE) percentage	28.0%	27.0%		Based on separate ERE build
N	<b>Total ERE expense per unit</b>	<b>\$ 25.75</b>	<b>\$ 2.70</b>	<b>\$ 28.45</b>	$N = L * M$
O	Estimated average MPH			30.0	Based on assumptions
P	Estimated miles driven per unit			15.0	$P = O * C / 60 / F$
Q	Federal reimbursement rate			\$ 0.75	Assuming current federal reimbursement rate of \$0.70 per mile, with 3% trend
R	<b>Total transportation expense per unit</b>			<b>\$ 11.22</b>	$R = P * Q$
S	Administration / program support / overhead			20.0%	Portion of total rate
T	<b>Total administration expenses</b>			<b>\$ 35.41</b>	$T = (L + N + R) * S / (1 - S)$
U	<b>Encounter Rate</b>			<b>\$ 177.06</b>	$U = L + N + R + T$

Ref.	Alignment to cost allocation plan			Total	Notes
V	Direct service employee salaries & wages			\$ 57.50	
W	Indirect service employee salaries & wages			\$ 11.93	
X	Transportation employee salaries & wages			\$ 32.55	
Y	Employee related expenses			\$ 28.45	
Z	Transportation expenses			\$ 11.22	
AA	Administration / program support / overhead			\$ 35.41	
AB	<b>Encounter Rate</b>			<b>\$ 177.06</b>	

Note: Illustrated values have been rounded.





**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: 99502-AJ  
 Service Description: Pre-Natal Follow-up LICSW  
 Reporting Unit: 15 Minutes

		Master's Licensed (LICSW, LMFT, LMHC, BCBA, LICSW) (62.5th Percentile)	Master's Licensed (LICSW, LMFT, LMHC, BCBA, LICSW) (75th Percentile)		
Ref.	Description	Clinician	Supervisor	Total	Notes
A	Average minutes of direct time per unit	15.00			15 minute unit
B	Average minutes of indirect time per unit	12.50			Assuming 4 units of service are delivered per date of service, with 50 minutes of indirect time in total
C	Average minutes of transportation time per unit	7.50			Assuming 4 units of service are delivered per date of service, with 30 minutes of transportation time in total
D	<b>Total minutes per unit</b>	<b>35.00</b>			D = A + B + C
E	No-Show Load	25.0%			Assumes 25.0% increase to direct, indirect, and transportation time due to no shows
F	Staffing ratio	1			1 beneficiary receiving service
G	Supervisor span of control		5		5 employees assumed to be managed by 1 supervisor
H	Supervisor minutes per worker		7.00		H = D / G
I	PTO / training / conference time adjustment factor	26.6%	26.6%		Based on separate PTO build
J	<b>Adjusted total minutes per unit</b>	<b>50.62</b>	<b>8.86</b>		$J = \{ [(A * 0.5 + C) / (1 - E)] + [(A * (1 - 0.5) + B)] / F * (1 + I) \}$
K	Hourly wage	\$ 49.17	\$ 57.00		Based on separate wage build
L	<b>Total wages expense per unit</b>	<b>\$ 41.49</b>	<b>\$ 8.42</b>	<b>\$ 49.90</b>	L = K * J / 60
M	Employee related expense (ERE) percentage	28.1%	26.3%		Based on separate ERE build
N	<b>Total ERE expense per unit</b>	<b>\$ 11.65</b>	<b>\$ 2.21</b>	<b>\$ 13.86</b>	N = L * M
O	Estimated average MPH			30.0	Based on assumptions
P	Estimated miles driven per unit			3.8	P = O * C / 60 / F
Q	Federal reimbursement rate			\$ 0.75	Assuming current federal reimbursement rate of \$0.70 per mile, with 3% trend
R	<b>Total transportation expense per unit</b>			<b>\$ 2.81</b>	R = P * Q
S	Administration / program support / overhead			25.0%	Portion of total rate
T	<b>Total administration expenses</b>			<b>\$ 22.19</b>	$T = (L + N + R) * S / (1 - S)$
U	<b>15 Minutes Rate</b>			<b>\$ 88.76</b>	<b>U = L + N + R + T</b>

Ref.	Alignment to cost allocation plan			Total	Notes
V	Direct service employee salaries & wages			\$ 21.39	
W	Indirect service employee salaries & wages			\$ 17.82	
X	Transportation employee salaries & wages			\$ 10.69	
Y	Employee related expenses			\$ 13.86	
Z	Transportation expenses			\$ 2.81	
AA	Administration / program support / overhead			\$ 22.19	
AB	<b>15 Minutes Rate</b>			<b>\$ 88.76</b>	

Note: Illustrated values have been rounded.

**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: 99502-TD  
 Service Description: Pre-Natal Follow-up Nurse  
 Reporting Unit: 15 Minutes

Ref.	Description	Registered Nurse (37.5th Percentile)	Registered Nurse (50th Percentile)	Total	Notes
		Clinician	Supervisor		
A	Average minutes of direct time per unit	15.00			15 minute unit
B	Average minutes of indirect time per unit	12.50			Assuming 4 units of service are delivered per date of service, with 50 minutes of indirect time in total
C	Average minutes of transportation time per unit	7.50			Assuming 4 units of service are delivered per date of service, with 30 minutes of transportation time in total
D	<b>Total minutes per unit</b>	<b>35.00</b>			$D = A + B + C$
E	No-Show Load	25.0%			Assumes 25.0% increase to direct, indirect, and transportation time due to no shows
F	Staffing ratio	1			1 beneficiary receiving service
G	Supervisor span of control		5		5 employees assumed to be managed by 1 supervisor
H	Supervisor minutes per worker		7.00		$H = D / G$
I	PTO / training / conference time adjustment factor	22.2%	22.2%		Based on separate PTO build
J	<b>Adjusted total minutes per unit</b>	<b>48.88</b>	<b>8.55</b>		$J = \{ [(A * 0.5 + C) / (1 - E)] + [(A * (1 - 0.5) + B)] \} / F * (1 + I)$
K	Hourly wage	\$ 49.45	\$ 53.78		Based on separate wage build
L	<b>Total wages expense per unit</b>	<b>\$ 40.29</b>	<b>\$ 7.67</b>	<b>\$ 47.96</b>	$L = K * J / 60$
M	Employee related expense (ERE) percentage	28.0%	27.0%		Based on separate ERE build
N	<b>Total ERE expense per unit</b>	<b>\$ 11.28</b>	<b>\$ 2.07</b>	<b>\$ 13.35</b>	$N = L * M$
O	Estimated average MPH			30.0	Based on assumptions
P	Estimated miles driven per unit			3.8	$P = O * C / 60 / F$
Q	Federal reimbursement rate			\$ 0.75	Assuming current federal reimbursement rate of \$0.70 per mile, with 3% trend
R	<b>Total transportation expense per unit</b>			<b>\$ 2.81</b>	$R = P * Q$
S	Administration / program support / overhead			25.0%	Portion of total rate
T	<b>Total administration expenses</b>			<b>\$ 21.37</b>	$T = (L + N + R) * S / (1 - S)$
U	<b>15 Minutes Rate</b>			<b>\$ 85.48</b>	$U = L + N + R + T$

Ref.	Alignment to cost allocation plan			Total	Notes
V	Direct service employee salaries & wages			\$ 20.55	
W	Indirect service employee salaries & wages			\$ 17.13	
X	Transportation employee salaries & wages			\$ 10.28	
Y	Employee related expenses			\$ 13.35	
Z	Transportation expenses			\$ 2.81	
AA	Administration / program support / overhead			\$ 21.37	
AB	<b>15 Minutes Rate</b>			<b>\$ 85.48</b>	

Note: Illustrated values have been rounded.

Note: Illustrated values have been rounded.

**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: 99502-AJ-HA  
 Service Description: Post-Natal Follow-up LICSW  
 Reporting Unit: 15 Minutes

		Master's Licensed (LICSW, LMFT, LMHC, BCBA, LICSW) (62.5th Percentile)	Master's Licensed (LICSW, LMFT, LMHC, BCBA, LICSW) (75th Percentile)		
Ref.	Description	Clinician	Supervisor	Total	Notes
A	Average minutes of direct time per unit	15.00			15 minute unit
B	Average minutes of indirect time per unit	12.50			Assuming 4 units of service are delivered per date of service, with 50 minutes of indirect time in total
C	Average minutes of transportation time per unit	7.50			Assuming 4 units of service are delivered per date of service, with 30 minutes of transportation time in total
D	<b>Total minutes per unit</b>	<b>35.00</b>			D = A + B + C
E	No-Show Load	25.0%			Assumes 25.0% increase to direct, indirect, and transportation time due to no shows
F	Staffing ratio	1			1 beneficiary receiving service
G	Supervisor span of control		5		5 employees assumed to be managed by 1 supervisor
H	Supervisor minutes per worker		7.00		H = D / G
I	PTO / training / conference time adjustment factor	26.6%	26.6%		Based on separate PTO build
J	<b>Adjusted total minutes per unit</b>	<b>50.62</b>	<b>8.86</b>		$J = \{ [(A * 0.5 + C) / (1 - E)] + [(A * (1 - 0.5) + B)] \} / F * (1 + I)$
K	Hourly wage	\$ 49.17	\$ 57.00		Based on separate wage build
L	<b>Total wages expense per unit</b>	<b>\$ 41.49</b>	<b>\$ 8.42</b>	<b>\$ 49.90</b>	L = K * J / 60
M	Employee related expense (ERE) percentage	28.1%	26.3%		Based on separate ERE build
N	<b>Total ERE expense per unit</b>	<b>\$ 11.65</b>	<b>\$ 2.21</b>	<b>\$ 13.86</b>	N = L * M
O	Estimated average MPH			30.0	Based on assumptions
P	Estimated miles driven per unit			3.8	P = O * C / 60 / F
Q	Federal reimbursement rate			\$ 0.75	Assuming current federal reimbursement rate of \$0.70 per mile, with 3% trend
R	<b>Total transportation expense per unit</b>			<b>\$ 2.81</b>	R = P * Q
S	Administration / program support / overhead			25.0%	Portion of total rate
T	<b>Total administration expenses</b>			<b>\$ 22.19</b>	$T = (L + N + R) * S / (1 - S)$
U	<b>15 Minutes Rate</b>			<b>\$ 88.76</b>	<b>U = L + N + R + T</b>

Ref.	Alignment to cost allocation plan			Total	Notes
V	Direct service employee salaries & wages			\$ 21.39	
W	Indirect service employee salaries & wages			\$ 17.82	
X	Transportation employee salaries & wages			\$ 10.69	
Y	Employee related expenses			\$ 13.86	
Z	Transportation expenses			\$ 2.81	
AA	Administration / program support / overhead			\$ 22.19	
AB	<b>15 Minutes Rate</b>			<b>\$ 88.76</b>	

Note: Illustrated values have been rounded.

**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: 99502-TD-HA  
 Service Description: Post-Natal Follow-up Nurse  
 Reporting Unit: 15 Minutes

Ref.	Description	Registered Nurse (37.5th Percentile) Clinician	Registered Nurse (50th Percentile) Supervisor	Total	Notes
A	Average minutes of direct time per unit	15.00			15 minute unit
B	Average minutes of indirect time per unit	12.50			Assuming 4 units of service are delivered per date of service, with 50 minutes of indirect time in total
C	Average minutes of transportation time per unit	7.50			Assuming 4 units of service are delivered per date of service, with 30 minutes of transportation time in total
D	<b>Total minutes per unit</b>	<b>35.00</b>			$D = A + B + C$
E	No-Show Load	25.0%			Assumes 25.0% increase to direct, indirect, and transportation time due to no shows
F	Staffing ratio	1			1 beneficiary receiving service
G	Supervisor span of control		5		5 employees assumed to be managed by 1 supervisor
H	Supervisor minutes per worker		7.00		$H = D / G$
I	PTO / training / conference time adjustment factor	22.2%	22.2%		Based on separate PTO build
J	<b>Adjusted total minutes per unit</b>	<b>48.88</b>	<b>8.55</b>		$J = \{ [(A * 0.5 + C) / (1 - E)] + [(A * (1 - 0.5) + B)] \} / F * (1 + I)$
K	Hourly wage	\$ 49.45	\$ 53.78		Based on separate wage build
L	<b>Total wages expense per unit</b>	<b>\$ 40.29</b>	<b>\$ 7.67</b>	<b>\$ 47.96</b>	$L = K * J / 60$
M	Employee related expense (ERE) percentage	28.0%	27.0%		Based on separate ERE build
N	<b>Total ERE expense per unit</b>	<b>\$ 11.28</b>	<b>\$ 2.07</b>	<b>\$ 13.35</b>	$N = L * M$
O	Estimated average MPH			30.0	Based on assumptions
P	Estimated miles driven per unit			3.8	$P = O * C / 60 / F$
Q	Federal reimbursement rate			\$ 0.75	Assuming current federal reimbursement rate of \$0.70 per mile, with 3% trend
R	<b>Total transportation expense per unit</b>			<b>\$ 2.81</b>	$R = P * Q$
S	Administration / program support / overhead			25.0%	Portion of total rate
T	<b>Total administration expenses</b>			<b>\$ 21.37</b>	$T = (L + N + R) * S / (1 - S)$
U	<b>15 Minutes Rate</b>			<b>\$ 85.48</b>	$U = L + N + R + T$

Ref.	Alignment to cost allocation plan			Total	Notes
V	Direct service employee salaries & wages			\$ 20.55	
W	Indirect service employee salaries & wages			\$ 17.13	
X	Transportation employee salaries & wages			\$ 10.28	
Y	Employee related expenses			\$ 13.35	
Z	Transportation expenses			\$ 2.81	
AA	Administration / program support / overhead			\$ 21.37	
AB	<b>15 Minutes Rate</b>			<b>\$ 85.48</b>	

Note: Illustrated values have been rounded.

**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: 99600-HD  
 Service Description: Pre/Post-Natal Intake/Follow-up  
 Reporting Unit: 15 Minutes

**Master's Licensed (LCSW,  
 LMFT, LMHC, BCBA,  
 LICSW)  
 (62.5th Percentile)**

**Bachelor's Level  
 (50th Percentile)**

Ref.	Description	Direct Care Worker	Supervisor	Total	Notes
A	Average minutes of direct time per unit	15.00			15 minute unit
B	Average minutes of indirect time per unit	10.53			Assuming 4.75 units of service are delivered per date of service, with 50 minutes of indirect time in total
C	Average minutes of transportation time per unit	6.30			Assuming 4.75 units of service are delivered per date of service, with 29.925 minutes of transportation time in total
D	<b>Total minutes per unit</b>	<b>31.83</b>			D = A + B + C
E	No-Show Load	25.0%			Assumes 25.0% increase to direct, indirect, and transportation time due to no shows
F	Staffing ratio	1			1 beneficiary receiving service
G	Supervisor span of control		5		5 employees assumed to be managed by 1 supervisor
H	Supervisor minutes per worker		6.37		H = D / G
I	PTO / training / conference time adjustment factor	26.6%	26.6%		Based on separate PTO build
J	<b>Adjusted total minutes per unit</b>	<b>46.10</b>	<b>8.06</b>		$J = \{ [(A * 0.5 + C) / (1 - E)] + [(A * (1 - 0.5) + B)] \} / F * (1 + I)$
K	Hourly wage	\$ 28.50	\$ 49.17		Based on separate wage build
L	<b>Total wages expense per unit</b>	<b>\$ 21.90</b>	<b>\$ 6.60</b>	<b>\$ 28.50</b>	L = K * J / 60
M	Employee related expense (ERE) percentage	37.4%	28.1%		Based on separate ERE build
N	<b>Total ERE expense per unit</b>	<b>\$ 8.20</b>	<b>\$ 1.85</b>	<b>\$ 10.05</b>	N = L * M
O	Estimated average MPH			30.0	Based on assumptions
P	Estimated miles driven per unit			3.2	P = O * C / 60 / F
Q	Federal reimbursement rate			\$ 0.75	Assuming current federal reimbursement rate of \$0.70 per mile, with 3% trend
R	<b>Total transportation expense per unit</b>			<b>\$ 2.36</b>	R = P * Q
S	Administration / program support / overhead			25.0%	Portion of total rate
T	<b>Total administration expenses</b>			<b>\$ 13.64</b>	$T = (L + N + R) * S / (1 - S)$
U	<b>15 Minutes Rate</b>			<b>\$ 54.54</b>	<b>U = L + N + R + T</b>

Ref.	Alignment to cost allocation plan			Total	Notes
V	Direct service employee salaries & wages			\$ 13.43	
W	Indirect service employee salaries & wages			\$ 9.43	
X	Transportation employee salaries & wages			\$ 5.64	
Y	Employee related expenses			\$ 10.05	
Z	Transportation expenses			\$ 2.36	
AA	Administration / program support / overhead			\$ 13.64	
AB	<b>15 Minutes Rate</b>			<b>\$ 54.54</b>	

Note: Illustrated values have been rounded.

**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: 99501  
 Service Description: Post-Natal Intake  
 Reporting Unit: Encounter

		Registered Nurse (37.5th Percentile)	Less Than Bachelor's (75th Percentile)	Registered Nurse (50th Percentile)		
Ref.	Description	Clinician	Community Health Worker	Supervisor	Total	Notes
A	Average minutes of direct time per unit	90.00	22.50			1 hour, 30 minutes of direct time per visit
B	Average minutes of indirect time per unit	60.00	-			1 hour of indirect time per visit
C	Average minutes of transportation time per unit	30.00	7.50			30 minutes of travel time per visit
D	<b>Total minutes per unit</b>	<b>180.00</b>	<b>30.00</b>			D = A + B + C
E	No-Show Load	25.0%	25.0%			Assumes 25.0% increase to direct, indirect, and transportation time due to no shows
F	Staffing ratio	1				1 beneficiary receiving service
G	Supervisor span of control			5		5 employees assumed to be managed by 1 supervisor
H	Supervisor minutes per worker			36.00		H = D / G
I	PTO / training / conference time adjustment factor	22.2%	20.7%	22.2%		Based on separate PTO build
J	<b>Adjusted total minutes per unit</b>	<b>250.53</b>	<b>43.75</b>	<b>44.00</b>		$J = \{ [(A * 0.5 + C) / (1 - E)] + [(A * (1 - 0.5) + B)] / F * (1 + I) \}$
K	Hourly wage	\$ 49.45	\$ 25.60	\$ 53.78		Based on separate wage build
L	<b>Total wages expense per unit</b>	<b>\$ 206.48</b>	<b>\$ 18.67</b>	<b>\$ 39.43</b>	<b>\$ 264.58</b>	$L = K * J / 60$
M	Employee related expense (ERE) percentage	28.0%	40.0%	27.0%		Based on separate ERE build
N	<b>Total ERE expense per unit</b>	<b>\$ 57.81</b>	<b>\$ 7.46</b>	<b>\$ 10.63</b>	<b>\$ 75.91</b>	$N = L * M$
O	Estimated average MPH				30.0	Based on assumptions
P	Estimated miles driven per unit				15.0	$P = O * C / 60 / F$
Q	Federal reimbursement rate				\$ 0.75	Assuming current federal reimbursement rate of \$0.70 per mile, with 3% trend
R	<b>Total transportation expense per unit</b>				<b>\$ 11.22</b>	$R = P * Q$
S	Administration / program support / overhead				25.0%	Portion of total rate
T	<b>Total administration expenses</b>				<b>\$ 117.23</b>	$T = (L + N + R) * S / (1 - S)$
U	<b>Encounter Rate</b>				<b>\$ 468.94</b>	<b>U = L + N + R + T</b>

Ref.	Alignment to cost allocation plan				Total	Notes
V	Direct service employee salaries & wages				\$ 141.74	
W	Indirect service employee salaries & wages				\$ 75.59	
X	Transportation employee salaries & wages				\$ 47.25	
Y	Employee related expenses				\$ 75.91	
Z	Transportation expenses				\$ 11.22	
AA	Administration / program support / overhead				\$ 117.23	
AB	<b>Encounter Rate</b>				<b>\$ 468.94</b>	

Note: Illustrated values have been rounded.



**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: H1000  
Service Description: Pre-Natal Intake  
Reporting Unit: Encounter

		Registered Nurse (37.5th Percentile)	Less Than Bachelor's (75th Percentile)	Registered Nurse (50th Percentile)		
Ref.	Description	Clinician	Community Health Worker	Supervisor	Total	Notes
A	Average minutes of direct time per unit	90.00	22.50			1 hour, 30 minutes of direct time per visit
B	Average minutes of indirect time per unit	60.00	-			1 hour of indirect time per visit
C	Average minutes of transportation time per unit	30.00	7.50			30 minutes of travel time per visit
D	<b>Total minutes per unit</b>	<b>180.00</b>	<b>30.00</b>			D = A + B + C
E	No-Show Load	25.0%	25.0%			Assumes 25.0% increase to direct, indirect, and transportation time due to no shows
F	Staffing ratio	1				1 beneficiary receiving service
G	Supervisor span of control			5		5 employees assumed to be managed by 1 supervisor
H	Supervisor minutes per worker			36.00		H = D / G
I	PTO / training / conference time adjustment factor	22.2%	20.7%	22.2%		Based on separate PTO build
J	<b>Adjusted total minutes per unit</b>	<b>250.53</b>	<b>43.75</b>	<b>44.00</b>		$J = \{ [(A * 0.5 + C) / (1 - E)] + [(A * (1 - 0.5) + B)] / F * (1 + I) \}$
K	Hourly wage	\$ 49.45	\$ 25.60	\$ 53.78		Based on separate wage build
L	<b>Total wages expense per unit</b>	<b>\$ 206.48</b>	<b>\$ 18.67</b>	<b>\$ 39.43</b>	<b>\$ 264.58</b>	L = K * J / 60
M	Employee related expense (ERE) percentage	28.0%	40.0%	27.0%		Based on separate ERE build
N	<b>Total ERE expense per unit</b>	<b>\$ 57.81</b>	<b>\$ 7.46</b>	<b>\$ 10.63</b>	<b>\$ 75.91</b>	N = L * M
O	Estimated average MPH				30.0	Based on assumptions
P	Estimated miles driven per unit				15.0	P = O * C / 60 / F
Q	Federal reimbursement rate				\$ 0.75	Assuming current federal reimbursement rate of \$0.70 per mile, with 3% trend
R	<b>Total transportation expense per unit</b>				<b>\$ 11.22</b>	R = P * Q
S	Administration / program support / overhead				25.0%	Portion of total rate
T	<b>Total administration expenses</b>				<b>\$ 117.23</b>	$T = (L + N + R) * S / (1 - S)$
U	<b>Encounter Rate</b>				<b>\$ 468.94</b>	<b>U = L + N + R + T</b>

Ref.	Alignment to cost allocation plan				Total	Notes
V	Direct service employee salaries & wages				\$ 141.74	
W	Indirect service employee salaries & wages				\$ 75.59	
X	Transportation employee salaries & wages				\$ 47.25	
Y	Employee related expenses				\$ 75.91	
Z	Transportation expenses				\$ 11.22	
AA	Administration / program support / overhead				\$ 117.23	
AB	<b>Encounter Rate</b>				<b>\$ 468.94</b>	

Note: Illustrated values have been rounded.

**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: S5102  
Service Description: Basic Level - Half Day  
Reporting Units: Per Diem

		CNA (50th Percentile)	Less Than Bachelor's (50th Percentile)	Registered Nurse (37.5th Percentile)	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW) (62.5th Percentile)	Recreation Therapist (50th Percentile)		
Ref.	Description	Direct Workers (CNA)	Direct Workers (Less than BA)	RN	Social Worker	Life Enrichment	Total	Notes
A	Hourly wage	\$ 23.76	\$ 23.73	\$ 49.45	\$ 49.17	\$ 26.18		Based on separate wage build
B	Number of employees	3.00	3.00	1.00	1.00	0.50		
C	PTO / training / conference time adjustment factor	7.9%	13.9%	18.7%	19.1%	18.7%		Based on separate PTO build
D	Adjusted number of employees	3.24	3.42	1.19	1.19	0.59		D = B * (1 + C)
E	Total wages expense per month	\$ 13,332	\$ 14,056	\$ 10,176	\$ 10,153	\$ 2,694	\$ 50,411	E = A * D * 2080 / 12
F	Employee related expense (ERE) percentage	40.4%	40.4%	26.5%	26.6%	37.9%		Based on separate ERE build
G	Total ERE expense per month	\$ 5,385	\$ 5,682	\$ 2,697	\$ 2,698	\$ 1,021	\$ 17,483	G = E * F
H	Administration / program support / overhead						20.0%	Portion of total rate
I	Total administration expenses per month						\$ 16,974	I = (E + G) * H / (1 - H)
J	Total expenses per month						\$ 84,868	J = E + G + I
K	Average beneficiaries per team						96	Based on assumptions
L	Total expenses per beneficiary per month						\$ 884.04	L = J / K
M	Average workdays per month per beneficiary						20.8	Average weekdays in operation less federal holidays per month
N	Per Diem rate						\$ 42.43	N = L / M
Ref	Alignment to cost allocation plan						Total	Notes
O	Direct service employee salaries & wages						\$ 25.21	
P	Employee related expenses						\$ 8.74	
Q	Administration / program support / overhead						\$ 8.49	
R	Per Diem rate						\$ 42.43	

**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: S5102-U2  
Service Description: Basic Level - Full Day  
Reporting Units: Per Diem

		CNA (50th Percentile)	Less Than Bachelor's (50th Percentile)	Registered Nurse (37.5th Percentile)	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW) (62.5th Percentile)	Recreation Therapist (50th Percentile)		
Ref.	Description	Direct Workers (CNA)	Direct Workers (Less than BA)	RN	Social Worker	Life Enrichment	Total	Notes
A	Hourly wage	\$ 23.76	\$ 23.73	\$ 49.45	\$ 49.17	\$ 26.18		Based on separate wage build
B	Number of employees	3.00	3.00	1.00	1.00	0.50		
C	PTO / training / conference time adjustment factor	7.9%	13.9%	18.7%	19.1%	18.7%		Based on separate PTO build
D	Adjusted number of employees	3.24	3.42	1.19	1.19	0.59		D = B * (1 + C)
E	<b>Total wages expense per month</b>	<b>\$ 13,332</b>	<b>\$ 14,056</b>	<b>\$ 10,176</b>	<b>\$ 10,153</b>	<b>\$ 2,694</b>	<b>\$ 50,411</b>	E = A * D * 2080 / 12
F	Employee related expense (ERE) percentage	40.4%	40.4%	26.5%	26.6%	37.9%		Based on separate ERE build
G	<b>Total ERE expense per month</b>	<b>\$ 5,385</b>	<b>\$ 5,682</b>	<b>\$ 2,697</b>	<b>\$ 2,698</b>	<b>\$ 1,021</b>	<b>\$ 17,483</b>	G = E * F
H	Administration / program support / overhead					20.0%		Portion of total rate
I	<b>Total administration expenses per month</b>						<b>\$ 16,974</b>	I = (E + G) * H / (1 - H)
J	Total expenses per month						\$ 84,868	J = E + G + I
K	Average beneficiaries per team					48		Based on assumptions
L	Total expenses per beneficiary per month						\$ 1,768.08	L = J / K
M	Average workdays per month per beneficiary					20.8		Average weekdays in operation less federal holidays per month
N	<b>Per Diem rate</b>						<b>\$ 84.87</b>	<b>N = L / M</b>
Ref	Alignment to cost allocation plan						Total	Notes
O	Direct service employee salaries & wages						\$ 50.41	
P	Employee related expenses						\$ 17.48	
Q	Administration / program support / overhead						\$ 16.97	
R	<b>Per Diem rate</b>						<b>\$ 84.87</b>	

**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: S5102-U1  
Service Description: Enhanced Level - Half Day  
Reporting Units: Per Diem

		CNA (50th Percentile)	Less Than Bachelor's (50th Percentile)	Registered Nurse (37.5th Percentile)	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW) (62.5th Percentile)	Recreation Therapist (50th Percentile)		
Ref.	Description	Direct Workers (CNA)	Direct Workers (Less than BA)	RN	Social Worker	Life Enrichment	Total	Notes
A	Hourly wage	\$ 23.76	\$ 23.73	\$ 49.45	\$ 49.17	\$ 26.18		Based on separate wage build
B	Number of employees	8.00	3.00	1.00	1.00	0.50		
C	PTO / training / conference time adjustment factor	7.9%	13.9%	18.7%	19.1%	18.7%		Based on separate PTO build
D	Adjusted number of employees	8.63	3.42	1.19	1.19	0.59		D = B * (1 + C)
E	<b>Total wages expense per month</b>	<b>\$ 35,552</b>	<b>\$ 14,056</b>	<b>\$ 10,176</b>	<b>\$ 10,153</b>	<b>\$ 2,694</b>	<b>\$ 72,631</b>	E = A * D * 2080 / 12
F	Employee related expense (ERE) percentage	40.4%	40.4%	26.5%	26.6%	37.9%		Based on separate ERE build
G	<b>Total ERE expense per month</b>	<b>\$ 14,360</b>	<b>\$ 5,682</b>	<b>\$ 2,697</b>	<b>\$ 2,698</b>	<b>\$ 1,021</b>	<b>\$ 26,458</b>	G = E * F
H	Administration / program support / overhead					20.0%		Portion of total rate
I	<b>Total administration expenses per month</b>						<b>\$ 24,772</b>	I = (E + G) * H / (1 - H)
J	Total expenses per month						\$ 123,862	J = E + G + I
K	Average beneficiaries per team					96		Based on assumptions
L	Total expenses per beneficiary per month						\$ 1,290.23	L = J / K
M	Average workdays per month per beneficiary					20.8		Average weekdays in operation less federal holidays per month
N	<b>Per Diem rate</b>						<b>\$ 61.93</b>	N = L / M
Ref	<b>Alignment to cost allocation plan</b>						<b>Total</b>	<b>Notes</b>
O	Direct service employee salaries & wages						\$ 36.32	
P	Employee related expenses						\$ 13.23	
Q	Administration / program support / overhead						\$ 12.39	
R	<b>Per Diem rate</b>						<b>\$ 61.93</b>	

Rhode Island Office of the Health Insurance Commissioner  
Social and Human Service Programs Rate Review  
Appendix 6: Detailed IRM Exhibits

**Service Information**

Service Code: S5102-U1-U2

Service Description: Enhanced Level - Full Day

Reporting Units: Per Diem

		CNA (50th Percentile)	Less Than Bachelor's (50th Percentile)	Registered Nurse (37.5th Percentile)	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW) (62.5th Percentile)	Recreation Therapist (50th Percentile)		
Ref.	Description	Direct Workers (CNA)	Direct Workers (Less than BA)	RN	Social Worker	Life Enrichment	Total	Notes
A	Hourly wage	\$ 23.76	\$ 23.73	\$ 49.45	\$ 49.17	\$ 26.18		Based on separate wage build
B	Number of employees	8.00	3.00	1.00	1.00	0.50		
C	PTO / training / conference time adjustment factor	7.9%	13.9%	18.7%	19.1%	18.7%		Based on separate PTO build
D	Adjusted number of employees	8.63	3.42	1.19	1.19	0.59		D = B * (1 + C)
E	Total wages expense per month	\$ 35,552	\$ 14,056	\$ 10,176	\$ 10,153	\$ 2,694	\$ 72,631	E = A * D * 2080 / 12
F	Employee related expense (ERE) percentage	40.4%	40.4%	26.5%	26.6%	37.9%		Based on separate ERE build
G	Total ERE expense per month	\$ 14,360	\$ 5,682	\$ 2,697	\$ 2,698	\$ 1,021	\$ 26,458	G = E * F
H	Administration / program support / overhead						20.0%	Portion of total rate
I	Total administration expenses per month						\$ 24,772	I = (E + G) * H / (1 - H)
J	Total expenses per month						\$ 123,862	J = E + G + I
K	Average beneficiaries per team						48	Based on assumptions
L	Total expenses per beneficiary per month						\$ 2,580.45	L = J / K
M	Average workdays per month per beneficiary						20.8	Average weekdays in operation less federal holidays per month
N	Per Diem rate						\$ 123.86	N = L / M
Ref	Alignment to cost allocation plan						Total	Notes
O	Direct service employee salaries & wages						\$ 72.63	
P	Employee related expenses						\$ 26.46	
Q	Administration / program support / overhead						\$ 24.77	
R	Per Diem rate						\$ 123.86	

## Rhode Island Office of the Health Insurance Commissioner

## Social and Human Service Programs Rate Review

## Appendix 6: Detailed IRM Exhibits

## Service Information

Service Code: H0019-U1

Service Description: On-site Supportive Psychiatric Rehabilitative Apartments

Reporting Units: Per Diem

Ref.	Description	Less Than Bachelor's (50th Percentile)	Bachelor's Level (50th Percentile)	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW) (62.5th Percentile)	Total	Notes
		Direct Care Worker	Home Manager	Director		
A	Weekday first shift workers	2.00	1.00	0.25		
B	Weekday second shift workers	1.00	-	-		
C	Weekday third shift workers	-	-	-		
D	Weekend first shift workers	2.00	-	-		
E	Weekend second shift workers	1.00	-	-		
F	Weekend third shift workers	-	-	-		
G	<b>Total weekly hours</b>	<b>168</b>	<b>40</b>	<b>10</b>		$G = \{[(A + B + C) * 5] + [(D + E + F) * 2]\} * 8$
H	Number of individuals served				12	The assumed number of clients in the home
I	PTO / training / conference time adjustment factor	13.9%	19.1%	19.1%		Based on separate PTO build
J	<b>Adjusted total hours of time per week</b>	<b>191.37</b>	<b>47.65</b>	<b>11.91</b>		$J = G * (1 + I)$
K	Hourly wage	\$ 23.73	\$ 28.50	\$ 49.17		Based on separate wage build
L	Total wages expense per week	\$ 4,541	\$ 1,358	\$ 586		$L = J * K$
M	Holidays worked	10	10	-		10 holidays per year
N	Percent of non-holiday hours paid at time and a half	10%	10%	0%		Based on assumptions
O	Percent of total hours paid at time and a half	12.5%	12.5%	0.0%		$O = [(365.25 - M) * N + M] / 365.25$
P	<b>Total wages expense adjusted for overtime and holidays per week</b>	<b>\$ 4,824</b>	<b>\$ 1,443</b>	<b>\$ 586</b>	<b>\$ 6,853</b>	$P = L * (1 - O) + L * O * 1.5$
Q	Employee related expense (ERE) percentage	40.4%	35.9%	26.6%		Based on separate ERE build
R	<b>Total ERE expense per week</b>	<b>\$ 1,950</b>	<b>\$ 519</b>	<b>\$ 156</b>	<b>\$ 2,624</b>	$R = P * Q$
S	<b>Total transportation expenses per week</b>				<b>\$ 200</b>	Based on separate per diem van build-up * 7
T	Subtotal before administration / overhead / program support				\$ 9,677	$T = P + R + S$
U	Administration / program support / overhead				20.0%	Percent of total rate
V	<b>Total administration expenses per week</b>				<b>\$ 2,419</b>	$V = (T * U) / (1 - U)$
W	Total expenses per week				\$ 12,097	$W = T + V$
X	Caseload efficiency				98.0%	Based on assumptions
Y	<b>Per Diem rate</b>				<b>\$ 146.95</b>	$Y = W / H / 7 / X$

Ref	Alignment to cost allocation plan				Total	Notes
Z	Direct service employee salaries & wages				\$ 81.58	
AA	Employee related expenses				\$31.24	
AB	Transportation expenses				\$ 2.38	
AC	Administration / program support / overhead				\$ 31.74	
AD	<b>Per Diem rate</b>				<b>\$ 146.95</b>	

## Rhode Island Office of the Health Insurance Commissioner

## Social and Human Service Programs Rate Review

## Appendix 6: Detailed IRM Exhibits

## Service Information

Service Code: H0019-U3

Service Description: Support Mental Health Psychiatric Rehabilitative Residence Apartments

Reporting Units: Per Diem

Ref.	Description	Less Than Bachelor's (50th Percentile)	Bachelor's Level (50th Percentile)	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW) (62.5th Percentile)	Total	Notes
		Direct Care Worker	Home Manager	Director		
A	Weekday first shift workers	2.00	1.00	0.25		
B	Weekday second shift workers	2.00	-	-		
C	Weekday third shift workers	1.00	-	-		
D	Weekend first shift workers	2.00	-	-		
E	Weekend second shift workers	2.00	-	-		
F	Weekend third shift workers	1.00	-	-		
G	<b>Total weekly hours</b>	<b>280</b>	<b>40</b>	<b>10</b>		$G = \{[(A + B + C) * 5] + [(D + E + F) * 2]\} * 8$
H	Number of individuals served				12	The assumed number of clients in the home
I	PTO / training / conference time adjustment factor	13.9%	19.1%	19.1%		Based on separate PTO build
J	<b>Adjusted total hours of time per week</b>	<b>318.95</b>	<b>47.65</b>	<b>11.91</b>		$J = G * (1 + I)$
K	Hourly wage	\$ 23.73	\$ 28.50	\$ 49.17		Based on separate wage build
L	Total wages expense per week	\$ 7,569	\$ 1,358	\$ 586		$L = J * K$
M	Holidays worked	10	10	-		10 holidays per year
N	Percent of non-holiday hours paid at time and a half	10%	10%	0%		Based on assumptions
O	Percent of total hours paid at time and a half	12.5%	12.5%	0.0%		$O = [(365.25 - M) * N + M] / 365.25$
P	<b>Total wages expense adjusted for overtime and holidays per week</b>	<b>\$ 8,040</b>	<b>\$ 1,443</b>	<b>\$ 586</b>	<b>\$ 10,069</b>	$P = L * (1 - O) + L * O * 1.5$
Q	Employee related expense (ERE) percentage	40.4%	35.9%	26.6%		Based on separate ERE build
R	<b>Total ERE expense per week</b>	<b>\$ 3,250</b>	<b>\$ 519</b>	<b>\$ 156</b>	<b>\$ 3,925</b>	$R = P * Q$
S	<b>Total transportation expenses per week</b>				<b>\$ 200</b>	Based on separate per diem van build-up * 7
T	Subtotal before administration / overhead / program support				\$ 14,194	$T = P + R + S$
U	Administration / program support / overhead				20.0%	Percent of total rate
V	<b>Total administration expenses per week</b>				<b>\$ 3,548</b>	$V = (T * U) / (1 - U)$
W	Total expenses per week				\$ 17,742	$W = T + V$
X	Caseload efficiency				98.0%	Based on assumptions
Y	<b>Per Diem rate</b>				<b>\$ 215.52</b>	$Y = W / H / 7 / X$

Ref	Alignment to cost allocation plan				Total	Notes
Z	Direct service employee salaries & wages				\$ 119.87	
AA	Employee related expenses				\$46.72	
AB	Transportation expenses				\$ 2.38	
AC	Administration / program support / overhead				\$ 46.55	
AD	<b>Per Diem rate</b>				<b>\$ 215.52</b>	

## Rhode Island Office of the Health Insurance Commissioner

## Social and Human Service Programs Rate Review

## Appendix 6: Detailed IRM Exhibits

## Service Information

Service Code: H0019-U4

Service Description: Basic Mental Health Psychiatric Rehabilitative Residence

Reporting Units: Per Diem

Ref.	Description	Less Than Bachelor's (50th Percentile)	Bachelor's Level (50th Percentile)	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW) (62.5th Percentile)	Total	Notes
		Direct Care Worker	Home Manager	Director		
A	Weekday first shift workers	2.00	1.00	0.25		
B	Weekday second shift workers	2.00	-	-		
C	Weekday third shift workers	1.00	-	-		
D	Weekend first shift workers	2.00	-	-		
E	Weekend second shift workers	2.00	-	-		
F	Weekend third shift workers	1.00	-	-		
G	<b>Total weekly hours</b>	<b>280</b>	<b>40</b>	<b>10</b>		$G = \{[(A + B + C) * 5] + [(D + E + F) * 2]\} * 8$
H	Number of individuals served				12	The assumed number of clients in the home
I	PTO / training / conference time adjustment factor	13.9%	19.1%	19.1%		Based on separate PTO build
J	<b>Adjusted total hours of time per week</b>	<b>318.95</b>	<b>47.65</b>	<b>11.91</b>		$J = G * (1 + I)$
K	Hourly wage	\$ 23.73	\$ 28.50	\$ 49.17		Based on separate wage build
L	Total wages expense per week	\$ 7,569	\$ 1,358	\$ 586		$L = J * K$
M	Holidays worked	10	10	-		10 holidays per year
N	Percent of non-holiday hours paid at time and a half	10%	10%	0%		Based on assumptions
O	Percent of total hours paid at time and a half	12.5%	12.5%	0.0%		$O = [(365.25 - M) * N + M] / 365.25$
P	<b>Total wages expense adjusted for overtime and holidays per week</b>	<b>\$ 8,040</b>	<b>\$ 1,443</b>	<b>\$ 586</b>	<b>\$ 10,069</b>	$P = L * (1 - O) + L * O * 1.5$
Q	Employee related expense (ERE) percentage	40.4%	35.9%	26.6%		Based on separate ERE build
R	<b>Total ERE expense per week</b>	<b>\$ 3,250</b>	<b>\$ 519</b>	<b>\$ 156</b>	<b>\$ 3,925</b>	$R = P * Q$
S	<b>Total transportation expenses per week</b>				<b>\$ 200</b>	Based on separate per diem van build-up * 7
T	Subtotal before administration / overhead / program support				\$ 14,194	$T = P + R + S$
U	Administration / program support / overhead				20.0%	Percent of total rate
V	<b>Total administration expenses per week</b>				<b>\$ 3,548</b>	$V = (T * U) / (1 - U)$
W	Total expenses per week				\$ 17,742	$W = T + V$
X	Caseload efficiency				98.0%	Based on assumptions
Y	<b>Per Diem rate</b>				<b>\$ 215.52</b>	$Y = W / H / 7 / X$

Ref	Alignment to cost allocation plan				Total	Notes
Z	Direct service employee salaries & wages				\$ 119.87	
AA	Employee related expenses				\$46.72	
AB	Transportation expenses				\$ 2.38	
AC	Administration / program support / overhead				\$ 46.55	
AD	<b>Per Diem rate</b>				<b>\$ 215.52</b>	



## Rhode Island Office of the Health Insurance Commissioner

## Social and Human Service Programs Rate Review

## Appendix 6: Detailed IRM Exhibits

## Service Information

Service Code: H0019-U5

Service Description: Specialized Mental Health Psychiatric Rehabilitative Residence

Reporting Units: Per Diem

Ref.	Description	Less Than Bachelor's (50th Percentile)	Bachelor's Level (50th Percentile)	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW) (62.5th Percentile)	Total	Notes
		Direct Care Worker	Home Manager	Director		
A	Weekday first shift workers	3.00	1.00	0.25		
B	Weekday second shift workers	3.00	-	-		
C	Weekday third shift workers	1.50	-	-		
D	Weekend first shift workers	3.00	-	-		
E	Weekend second shift workers	3.00	-	-		
F	Weekend third shift workers	1.50	-	-		
G	<b>Total weekly hours</b>	<b>420</b>	<b>40</b>	<b>10</b>		$G = \{[(A + B + C) * 5] + [(D + E + F) * 2]\} * 8$
H	Number of individuals served				12	The assumed number of clients in the home
I	PTO / training / conference time adjustment factor	13.9%	19.1%	19.1%		Based on separate PTO build
J	<b>Adjusted total hours of time per week</b>	<b>478.42</b>	<b>47.65</b>	<b>11.91</b>		$J = G * (1 + I)$
K	Hourly wage	\$ 23.73	\$ 28.50	\$ 49.17		Based on separate wage build
L	Total wages expense per week	\$ 11,353	\$ 1,358	\$ 586		$L = J * K$
M	Holidays worked	10	10	-		10 holidays per year
N	Percent of non-holiday hours paid at time and a half	10%	10%	0%		Based on assumptions
O	Percent of total hours paid at time and a half	12.5%	12.5%	0.0%		$O = [(365.25 - M) * N + M] / 365.25$
P	<b>Total wages expense adjusted for overtime and holidays per week</b>	<b>\$ 12,060</b>	<b>\$ 1,443</b>	<b>\$ 586</b>	<b>\$ 14,089</b>	$P = L * (1 - O) + L * O * 1.5$
Q	Employee related expense (ERE) percentage	40.4%	35.9%	26.6%		Based on separate ERE build
R	<b>Total ERE expense per week</b>	<b>\$ 4,876</b>	<b>\$ 519</b>	<b>\$ 156</b>	<b>\$ 5,550</b>	$R = P * Q$
S	<b>Total transportation expenses per week</b>				<b>\$ 200</b>	Based on separate per diem van build-up * 7
T	Subtotal before administration / overhead / program support				\$ 19,839	$T = P + R + S$
U	Administration / program support / overhead				20.0%	Percent of total rate
V	<b>Total administration expenses per week</b>				<b>\$ 4,960</b>	$V = (T * U) / (1 - U)$
W	Total expenses per week				\$ 24,799	$W = T + V$
X	Caseload efficiency				98.0%	Based on assumptions
Y	<b>Per Diem rate</b>				<b>\$ 301.25</b>	$Y = W / H / 7 / X$

Ref	Alignment to cost allocation plan				Total	Notes
Z	Direct service employee salaries & wages				\$ 167.73	
AA	Employee related expenses				\$66.07	
AB	Transportation expenses				\$ 2.38	
AC	Administration / program support / overhead				\$ 65.07	
AD	<b>Per Diem rate</b>				<b>\$ 301.25</b>	

**Rhode Island Office of the Health Insurance Commissioner**  
**Social and Human Service Programs Rate Review**  
**Appendix 6: Detailed IRM Exhibits**

**Service Information**

Service Code: H0019-U6  
 Service Description: Enhanced Mental Health Psychiatric Rehabilitative Residence

Reporting Units: Per Diem

Ref.	Description	Less Than Bachelor's (75th Percentile)	CNA (50th Percentile)	Master's Licensed (LCSW, LMFT, LMHC, BCBA, LICSW) (62.5th Percentile)	Registered Nurse (37.5th Percentile)	Occupational Therapist (62.5th Percentile)	Total	Notes
		Direct Care Worker	Direct Care Worker - CNA	Resident Manager / Behavior Therapist	Nurse	Occupational Therapist		
A	Weekday first shift workers	2.00	1.00	2.00	1.00	1.00		
B	Weekday second shift workers	2.00	1.00	-	-	-		
C	Weekday third shift workers	2.00	-	-	-	-		
D	Weekend first shift workers	2.00	1.00	-	-	-		
E	Weekend second shift workers	2.00	1.00	-	-	-		
F	Weekend third shift workers	2.00	-	-	-	-		
G	<b>Total weekly hours</b>	<b>336</b>	<b>112</b>	<b>80</b>	<b>40</b>	<b>40</b>		$G = \{[(A + B + C) * 5] + [(D + E + F) * 2]\} * 8$
H	Number of individuals served						9	The assumed number of clients in the home
I	PTO / training / conference time adjustment factor	13.9%	7.9%	19.1%	18.7%	18.7%		Based on separate PTO build
J	<b>Adjusted total hours of time per week</b>	<b>382.74</b>	<b>120.85</b>	<b>95.30</b>	<b>47.49</b>	<b>47.49</b>		$J = G * (1 + I)$
K	Hourly wage	\$ 25.60	\$ 23.76	\$ 49.17	\$ 49.45	\$ 50.84		Based on separate wage build
L	Total wages expense per week	\$ 9,798	\$ 2,872	\$ 4,686	\$ 2,348	\$ 2,414		$L = J * K$
M	Holidays worked	10	10	-	-	-		10 holidays per year
N	Percent of non-holiday hours paid at time and a half	10%	10%	0%	0%	0%		Based on assumptions
O	Percent of total hours paid at time and a half	12.5%	12.5%	0.0%	0.0%	0.0%		$O = [(365.25 - M) * N + M] / 365.25$
P	<b>Total wages expense adjusted for overtime and holidays per week</b>	<b>\$ 10,409</b>	<b>\$ 3,050</b>	<b>\$ 4,686</b>	<b>\$ 2,348</b>	<b>\$ 2,414</b>	<b>\$ 22,908</b>	$P = L * (1 - O) + L * O * 1.5$
Q	Employee related expense (ERE) percentage	38.5%	40.4%	26.6%	26.5%	26.1%		Based on separate ERE build
R	<b>Total ERE expense per week</b>	<b>\$ 4,004</b>	<b>\$ 1,232</b>	<b>\$ 1,245</b>	<b>\$ 622</b>	<b>\$ 631</b>	<b>\$ 7,735</b>	$R = P * Q$
S	<b>Total transportation expenses per week</b>						<b>\$ 200</b>	Based on separate per diem van build-up * 7
T	Subtotal before administration / overhead / program support						\$ 30,843	$T = P + R + S$
U	Administration / program support / overhead						20.0%	Percent of total rate
V	<b>Total administration expenses per week</b>						<b>\$ 7,711</b>	$V = (T * U) / (1 - U)$
W	Total expenses per week						\$ 38,554	$W = T + V$
X	Caseload efficiency						98.0%	Based on assumptions
Y	<b>Per Diem rate</b>						<b>\$ 624.46</b>	$Y = W / H / 7 / X$

Ref	Alignment to cost allocation plan						Total	Notes
Z	Direct service employee salaries & wages						\$ 363.62	
AA	Employee related expenses						\$122.78	
AB	Transportation expenses						\$ 3.18	
AC	Administration / program support / overhead						\$ 134.88	
AD	<b>Per Diem rate</b>						<b>\$ 624.46</b>	

Appendix 7: Provider Feedback



# Rhode Island Office of Health Insurance Commissioner (OHIC)

## Social and Human Service Programs Review

### Answers to Frequently Asked Questions on the Independent Rate Model Development

#### OVERVIEW

This document provides a summary of provider feedback and questions as well as a compilation of responses to questions and comments provided by providers during and after the comparison rate presentation conducted on June 24, 2025.

#### GENERAL QUESTIONS

##### **When will the rates be adopted?**

*OHIC anticipates recommending rates as required under RIGL § 42-14.5-3(t) to be considered by the state agencies and Rhode Island state legislature for a 2-year rate cycle from October 1, 2026 through September 30, 2028.*

##### **How do we access the comparison rate report?**

*The comparison rate report will be posted on the [OHIC social and human service programs review website](#).*

##### **Will the appendices be available in excel format?**

*Yes, the appendices within the comparison rate report will be made available to providers in Excel on the [OHIC social and human service programs review website](#).*

##### **Our insurance expenses per employee are higher than the \$12,000 annual amount illustrated in the draft comparison rates.**

*Providers submitted a range of annual health insurance costs per employee in response to the draft comparison rates. All costs reflected in the final comparison rate report reflect average expected costs a Rhode Island provider would incur while delivering the service. By the nature of relying on average costs, it is certain that any individual provider experience will not conform exactly to the assumptions used in this analysis. OHIC as determined that the \$12,000 annual health insurance expense per employee is reasonable.*

#### HOME-BASED THERAPEUTIC SERVICES

##### **Lead Therapy (H0046) and Treatment Coordination (T1016) providers are rendering services at individuals' homes in support of the direct care workers in some instances. Why is transportation not included in the comparison rates for these services?**

*From initial review of the certification standards<sup>1</sup> for these services, we understood these services were primarily administrative in nature and not delivered in-person. Upon receipt of additional feedback from providers, we included transportation for 25% of the utilization of these services.*

##### **We have no-show rates greater than the 1% reflected in the draft comparison rates for Home-Based Specialized Treatment and Treatment Support (T1024). Also, why isn't there an assumption for no-show rates for Lead Therapy (H0046) and Treatment Coordination (T1016) services?**

*The draft comparison rates included a 1% no-show load based on initial provider feedback. Upon receipt of feedback from additional providers, OHIC has determined to increase the no-show rate to 3% for these services. It should be noted that for H0046 and T1016, the no-show load was multiplied by the updated 25% in-home assumptions as indicated in a previous response.*

##### **We have concerns that the draft comparison rate for Interpretation Services (T1013) is too low and does not consider items such as higher cost American Sign Language (ASL) translation or travel time.**

*The final comparison rate for T1013 was adjusted to include travel for 60% of interpretation services based on additional feedback received from the providers on in-home utilization. No adjustments were made to the hourly wage assumptions in the final rates since the contracted interpretation services rates are materially consistent with the final comparison rates for T1013.*

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<sup>1</sup> <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-03/HBTSJuly2016.pdf>

**Some services in the comparison rate report are being illustrated as having a rate decrease. How is the comparison rate lower compared to the current rates, and are there factors that are not being considered in these comparison rates that were considered in prior rate development?**

*The current Medicaid reimbursement rates do not reflect the estimated cost under an independent rate model approach. The 2025 Social and Human Service Programs Review is the first time the services included in this report were analyzed under an independent rate model approach. For many services, the current Medicaid rates represent the historical Medicaid reimbursement rates adjusted for estimated inflationary changes.*

**Why are coordinator (T1016) and supervisor rates (H0046 HO) showing less salaries and wages compared to the direct care workers in code T1024?**

*The “salaries and wages” illustrated in Appendix 1 reflect the approximate cost of the direct worker and supervisors allocated to the total time required for direct time, indirect time, and travel time. Average hourly wage applied to the associated employee performing the service is listed in Appendix 2 for each service and also in the model in Appendix 6 that corresponds to the development of each service. The salaries and wages developed for coordinator and supervisor comparison rates are higher than those illustrated for T1024.*

## **HEALTHY FAMILIES AMERICA AND FIRST CONNECTIONS**

**Supervisor ratios should align with Healthy Families America (HFA) standards for affiliated providers of 1 supervisor for 5 staff. Additionally, First Connections (FC) supervisors are staffed to align with the 1:5 HFA supervision ratio guidelines.**

*Providers submitted HFA best practices for supervision of HFA services and the final rates reflect the change of supervision ratios of 1 supervisor to 5 staff. Supervision ratios for FC were also updated to reflect the 1:5 supervisor to staff ratio.*

**No-show loads are higher than the 20% reflected in the draft comparison rates. HFA best practices indicate a standard of 25% of visits should be maintained. FC no-show rates are at least as high as HFA no-show rates and should be increased from 20%.**

*Providers indicated they have varying levels of no-show rates, with several indicating they were higher than the 25%. We increased the no-show rate to 25% in the final rates to align with the HFA best practices. This 25% no-show rate is also applied to FC in the final comparison rates. The application of the no-show rate was adjusted to only apply to travel time and half of the direct time. In future rate reviews, OHIC will monitor the need to adjust the no-show rates based on provider experience.*

**HFA visit lengths are not typically 75 minutes (or 5 billable units) as indicated in the draft comparison rates. Most sessions are 60 minutes long.**

*Providers submitted feedback and we reviewed SFY 2024 FFS claims experience to adjust the final comparison rates for HFA to reflect an average length per visit of 4.75 units (71.25 minutes). While a standard visit is 60 minutes, the visit must be no less than 60 minutes and HFA providers may bill up to 120 minutes for extenuating circumstances, resulting in an average visit length greater than 60 minutes.*

**Indirect time for HFA and FC is too low in the draft comparison rates at 30 minutes. Time needed to prepare for a session and document a session is at least 45-60 minutes for HFA and FC, and longer for FC intakes than for follow-up visits.**

*Providers submitted feedback related to indirect time, and we adjusted the indirect time in the final comparison rates for HFA and FC follow-up visits to be 50 minutes on average. Additionally, we adjusted the indirect time in the comparison rates for FC intake services to be 60 minutes.*

**Sometimes a second staff member is required to be present for FC intakes to coordinate care for the families. This staff is a coordinator that is in attendance in addition to the nurse performing the intake.**

*OHIC reviewed the need for the FC intake comparison rates to include costs for additional staff and has relied on provider feedback that indicated approximately 25% of FC intakes require an additional staff. The final comparison rates for FC intakes (for both pre-natal and post-natal) include direct time and travel time for 25% of the FC intakes for a staff member whose wages and benefits align with a less than bachelor's provider group at the 75<sup>th</sup> percentile, consistent with the direct worker for an FC follow-up visit by a paraprofessional.*

**Prior to enrolling and being able to bill Medicaid, a time-consuming eligibility assessment must be completed that utilizes the Family Resilience and Opportunities for Growth (FROG) scale. Currently this cost is covered through federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program**

**funds administered through RIDOH and is not included as a billable Medicaid service. However, should the MIECHV funding go away, there would be no mechanism for agencies to bill for this service.**

*OHIC recognizes that FROG assessments are a critical component of First Connections services that require significant time to complete. Since these assessments are currently reimbursed through federal MIECHV funding, the Medicaid reimbursement does not provide funding for these assessments. In the event of changes in the federal funding, the state will need to evaluate its options, such as including FROG assessments under Medicaid reimbursement or other funding streams.*



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