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March 25, 2026

The Honorable Teresa Tanzi
Honorable Members of the House Finance Subcommittee on Human Services
Room 230a
Rhode Island State House
Providence, RI 02903

Re: FY '2027 EOHHS/Medicaid Office Budget- Support for Additional Funds

Dear Chairwoman Tanzi and Committee Members,

I write on behalf of Community Care Alliance which provides Visitation services to children and families in DCYF care. I appreciate the diligence and leadership of Director Sousa and her team in running the Medicaid office at such a crucial time and would like to comment on one aspect of the Medicaid budget relative to Medicaid Transformation and the Medicaid Rates.

Medicaid Transformation: CCA supports the effort to comply with federal requirements regarding billing practices. We support the development and funding of a workable rate structure including Medicaid (and non-Medicaid funding) for comprehensive child welfare and children's behavioral health community-based services. In our visitation program, CCA is one of the only agencies that has a house dedicated to providing a natural setting where families meet and can prepare meals together, have access to a backyard for play activities and staff available for coaching and other supports. In a community with one of the highest removal rates, we see this as an essential service to ease the reunification process in a trauma informed manner.

CCA is also a CCBHC and we can speak firsthand on the challenges of implementing a significant service transformation effort. This effort was supported by the State with funding necessary to address the infrastructure improvements needed to manage the demands of a new and complex billing system. As a large agency, CCA is fortunate to have the billing and IT hardware and software in place than many of our sister Coalition agencies do not have, but this Medicaid transformation poses a great challenge for all of us. It would be extremely shortsighted for the State to believe that our essential non-profits can fold this effort into business as normal. The blended billing alone is enough to overwhelm some resources.

I want to refer again to the CCBHC implementation as it relates to this discussion. Although CCBHC has expanded access to breadth of services, it does not answer all the needs of the children and families, particularly many of the Child Welfare programs, like the Visitation services that CCA (and others) provide.

It is more than concerning that zero infrastructure funds have been provided for Medicaid Transformation. It is also concerning that this is targeted to go into effect January 2007, a timeline that is extremely tight and likely impossible to meet. At this point in the process, it is still unclear exactly what is going to be in the Medicaid bucket and what will be left to DCYF. Once that is figured out, billing systems must be adjusted/built in some cases and that likely requires hiring finance staff, training, or at a minimum upskilling the current workforce. Each of those components takes more time than one imagines. Leaving agencies to rely on their current resources will not work.

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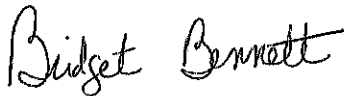
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As I noted earlier, as a large agency our costs may be less than some smaller agencies but at a minimum hiring another billing staff with knowledge of Medicaid billing along with upgrades in software and hardware. Additionally, the cost of critical planning meetings is not insubstantial.

To remain a provider, the rates for DCYF services must be viable for the children and families in our Visitation programs, which often require engagement with family court, educational systems, and DCYF unlike traditional outpatient behavioral health services.

OHIC Rates: We support increasing the Governor's proposal to provide the full Medicaid rates for Home and Community-based services, as recommended by the Office of the Health Insurance Commissioner (OHIC). Only providing half and putting off further funding when we know that costs/deficits will continue is a step backward. Thank you for your consideration and support of these critical additions to the Medicaid/EOHHS budget,

Sincerely,



Bridget Bennett, LICSW
Vice-President, Family Well Being and Permanency
Community Care Alliance