



**THE GRODEN NETWORK**  
Groden Center - Cove Center - Halcyon Center  
*Your Autism Experts*

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The Honorable Marvin Abney, Chairman  
House Finance Committee  
Room 35, Rhode Island State House  
Providence, RI 02903

May 5, 2026

Chairman Abney and Members of the House Finance Committee:

I am writing to express strong support for H8404, which would create a Medicaid Infrastructure Fund to assist the impacted organizations in transitioning to dual DCYF and Medicaid billing.

My name is Jessica Boettger, and I serve as the Director of Technology and Operations at The Groden Network. We provide statewide, community-based services across Rhode Island for children and adults with autism spectrum disorder (ASD) and other developmental delays, as well as their families. We also deliver visitation and parenting programs that support parents and caregivers with developmental delays who are working to maintain or regain custody or visitation with their children. Each year, these programs serve well over 500 children and their families.

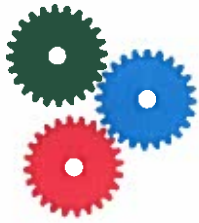
For the past two years, The Groden Network has worked with the state and other provider agencies to identify the needs and barriers involved in transitioning to split Medicaid/DCYF billing. We deliver specialized supports that are difficult to replicate, including clinical and family-centered services for individuals with ASD and other developmental delays, as well as parenting and visitation supports that help families stay safely connected. To date, however, we have been offered no financial support to make this significant transition.

The Groden Network's experience and needs related to Medicaid transformation:

Our organization has some billing experience; however, moving to a dual Medicaid/DCYF billing model introduces additional structural change, complexity, and compliance risk that will require substantial new capacity. Any major change to our billing model will require significant investments in staff training, staffing, compliance, and quality oversight to ensure services remain consistent and claims are accurate.

Transitioning to Medicaid billing is not a simple administrative shift. It requires investments in compliance systems, staff training, billing infrastructure, and technology upgrades—and in many cases, changes to service delivery models. As a community-based provider operating on thin margins, these upfront costs are prohibitive without state assistance.

Without targeted support, the resources required to establish and maintain compliant dual billing could force us to reduce capacity in programs that serve some of Rhode Island's most vulnerable children, adults, and families. This would risk weakening community-based supports at a time when Rhode Island



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is under a federal Consent Decree to strengthen children's services in the community. It is also important to note that other large system transformations (such as the CCBHC initiative) have received significant financial support, while smaller community providers have been offered none. We anticipate substantial one-time and ongoing costs for training, staffing, compliance, and technology needed to operate successfully in a dual billing environment, and without state assistance it may not be feasible to sustain our current service levels.

Cash flow is also a significant concern in a dual billing environment, particularly given the timing differences between service delivery and reimbursement. Asking providers to invest in new infrastructure (often \$150,000+) without support—while also strengthening reserves to remain financially stable—is not workable.

If Rhode Island's provider network is expected to meet increased accountability requirements through dual billing, then the state must ensure that providers have the infrastructure to do so without destabilizing services. In our case, disruptions would affect continuity of care for hundreds of children and families each year, as well as adults with developmental delays who rely on consistent, specialized supports.

A Medicaid Infrastructure Fund would provide critical, time-limited resources to help us build the capacity necessary to successfully participate in Medicaid and DCYF dual billing. This is not only an investment in individual providers—it is an investment in the strength, diversity, and accessibility of the entire service system. For The Groden Network, it would directly help protect continuity of care for the 500+ children we serve each year—and the families who rely on these supports.

The services that we provide will not be easily replaced by other organizations. The Groden Network offers specialized, community-based expertise serving individuals with ASD and other developmental delays across Rhode Island, along with family-focused visitation and parenting supports that help keep children safely connected to their caregivers. These programs require trained staff and stable operations; if providers are forced to scale back because the infrastructure costs are unsupported, families will face longer waits, fewer options, and reduced access to care.

I respectfully urge the Committee to support the creation and full funding of the Medicaid Infrastructure Fund through H8404. Thank you for your consideration and for your continued commitment to community-based services for Rhode Island's children, families, and communities.

Sincerely,  
Jessica Boettger  
Director of Technology and Operations  
The Groden Network