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May 14, 2026

The Honorable Marvin L. Abney, Chairman  
House Committee on Finance  
Room 35 – State House  
Providence, RI 02903

**RE: 2026 – H 7586 – An Act Relating to Health and Safety – Maternal and Child Health Services for Children with Special Health Care Needs**

Dear Chairman Abney:

The Executive Office of Health and Human Services (EOHHS) would like to share information and concerns relating to **H 7586**.

This bill would codify EOHHS authority and responsibilities regarding the Early Intervention program currently under the Department of Human Services (DHS) title of the Rhode Island General Laws. Since EOHHS is already the lead agency for *Early Intervention*, this legislation would update references to DHS. In addition, this legislation would implement Medicaid rate increases for early intervention services in accordance with the 2025 recommendation by the Office of the Health Insurance Commissioner (OHIC) and require EOHHS to maintain and regularly update a public data dashboard regarding the *Early Intervention* program.

However, EOHHS has concerns regarding this proposed legislation. The legislation, as written, would conflict with the Governor's budget recommendation and the required elements for the *Early Intervention* data dashboard.

Early Intervention is a comprehensive and coordinated system of home and community-based services and supports for families of infants and toddlers with developmental disabilities or delays. The purpose of *Early Intervention* is to; 1) enhance the capacity of families to meet the special needs of their infant or toddler and; 2) enhance the developmental functioning of infants and toddlers with special needs. The Governor of Rhode Island has designated EOHHS as the lead agency responsible for ensuring that a statewide system of early intervention services for eligible infants and toddlers and their families is established and maintained in the state.

Regarding OHIC rate increases, this bill conflicts with the Governor's budget recommendation, which implements all OHIC recommended rate increases, including Early Intervention rates, over two years beginning October 1, 2026. This bill requires implementation of the full OHIC recommended rate increases for Early Intervention upfront in FY2027. This would require an adjustment in the Medicaid budget resolution, a State Plan Amendment (SPA), and system updates along with additional funding to support implementation of the additional rate increase. EOHHS' primary concern surrounds the flexibility in the language regarding the implementation date. The language requires *implementation* of rates "on or before" October 1 but has an effective date upon passage. EOHHS cannot secure an effective date on the date of passage due to the advance public notice requirements of 42 C.F.R. § 447.205. EOHHS also cannot secure an effective date any earlier than July 1, 2026, due to the requirements of 42 C.F.R. §

447.256. Given the uncertainty of the CMS SPA approval process, EOHHS cannot guarantee full implementation by October 1, 2026. EOHHS requests that this legislation states a firm, prospective effective date for the rate increase, rather than focusing on the implementation date, and requests that the effective date be October 1, 2026, to align with the other rate changes currently in the Governor's budget.

Regarding the data dashboard, the bill codifies the current state of the dashboard and adds an additional data element on the number of children waiting for an evaluation by city and/or town. The *Early Intervention Interagency Coordinating Council (ICC)*, which is a requirement under the federal rules for the program, advises on data dashboard elements. EOHHS, in coordination with the ICC, is currently in the process of changing the dashboard to be more reflective of program trends and needs, so codifying the current state of the dashboard is not recommended. Additionally, flexibility is needed to ensure stakeholders, including *Early Intervention* providers and the community, can identify needed dashboard elements. It is important that those elements are not constrained via legislation. Flexibility allows the dashboard to be responsive to community needs, changes in program elements, and ensures that the dashboard is a meaningful tool to monitor the *Early Intervention* program. The addition of data by city and/or town could likely result in data being suppressed due to small cell requirements and, by itself, does not provide meaningful information about the performance of the program. If passed, any changes to the data dashboard will require time to implement and contradicts the responsibility of the ICC to advise on needed data elements.

EOHHS would welcome any discussion about **H 7586**, and staff are available to assist with any questions or concerns.

Sincerely,



Kristin Pono Sousa

Medicaid Program Director, Executive Office of Health and Human Services

Cc: Honorable Members of the House Committee on Finance  
Honorable Megan L. Cotter  
Danica Iacoi, Chief of Staff and Special Legal Counsel to the Speaker of the House  
Nicole McCarty, Esq., Chief Legal Counsel