

**2026 -- S 3066 SUBSTITUTE A**

LC006098/SUB A/3

**STATE OF RHODE ISLAND**

**IN GENERAL ASSEMBLY**

**JANUARY SESSION, A.D. 2026**

**A N A C T**

**RELATING TO STATE AFFAIRS AND GOVERNMENT -- CHILDREN'S MOBILE  
RESPONSE AND STABILIZATION SERVICES**

Introduced By: Senators Lawson, Murray, Ciccone, Tikoian, and LaMountain

Date Introduced: March 12, 2026

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Legislative Findings and Purpose.

2 (a) The General Assembly finds that:

3 (1) Children and youth experiencing behavioral health crises require timely, community-  
4 based interventions to prevent unnecessary emergency department utilization, inpatient  
5 hospitalization, out-of-home placement, and involvement with law enforcement;

6 (2) Children's Mobile Response and Stabilization Services (MRSS) are a Substance Abuse  
7 and Mental Health Services Administration (SAMHSA) best practice, trauma-informed  
8 intervention that provides rapid crisis response and short-term stabilization for children and youth  
9 in their natural environments;

10 (3) A statewide Children's MRSS system funded through a combination of commercial  
11 insurance, Medicaid and state general revenue promotes equitable access to services regardless of  
12 insurance status;

13 (4) Rhode Island has an interest in ensuring continuity of care, fiscal sustainability, and the  
14 participation of experienced community-based providers in delivering children's behavioral health  
15 crisis services.

16 (b) The purpose of this act is to establish Children's Mobile Response and Stabilization  
17 Services as a standalone statewide behavioral health service in Rhode Island, funded through a  
18 coordinated Medicaid and state funding model, and administered in a manner that ensures access

1 for all children and youth.

2 SECTION 2. Title 42 of the General Laws entitled "STATE AFFAIRS AND  
3 GOVERNMENT" is hereby amended by adding thereto the following chapter:

4 CHAPTER 72.13

5 CHILDREN'S MOBILE RESPONSE AND STABILIZATION SERVICES

6 **42-72.13-1. Definitions.**

7 As used in this chapter:

8 (1) "Department" means the department of children, youth and families (DCYF).

9 (2) "Designated MRSS provider" means a community-based provider licensed or  
10 contracted by the department to deliver MRSS.

11 (3) "Medicaid agency" means the Medicaid program administered within the executive  
12 office of health and human services (EOHHS).

13 (4) "Mobile response and stabilization services" or "MRSS" means community-based  
14 behavioral health crisis services for children and youth up to the age of twenty-one (21), including:

15 (i) Rapid mobile crisis response;

16 (ii) Crisis assessment and de-escalation;

17 (iii) Short-term stabilization and follow-up services; and

18 (iv) Care coordination with families, schools, healthcare providers, and community-based  
19 organizations.

20 (5) "Natural environment" means homes, schools, childcare settings, and other community  
21 locations in which children and youth typically live, learn, or receive care.

22 **42-72.13-2. Establishment of a statewide MRSS program.**

23 (a) The department, in coordination with the Medicaid agency, shall establish and  
24 administer a statewide mobile response and stabilization services program, and shall ensure  
25 alignment with the Children's Behavioral Health Consent Decree that was ordered in United States  
26 v. State of Rhode Island, C.A. No. 24-cv-00531.

27 (b) The department shall establish standards for MRSS service fidelity.

28 (c) MRSS shall be available statewide, twenty-four (24) hours per day, seven (7) days per  
29 week, to all children and youth regardless of insurance status or Medicaid eligibility.

30 (d) The department shall license a minimum of two MRSS providers and a maximum of  
31 three (3) providers for the entire State of Rhode Island.

32 (1) Each licensed MRSS provider shall be responsible to provide MRSS to all children and  
33 youth up to the age of twenty-one (21) to their agreed geographic region or catchment area as  
34 established by the department.

1 (2) Licensed MRSS geographic catchment areas shall be through the assignment of the  
2 specific cities and towns and ensure sustainability and community connection.

3 (3) Each MRSS licensed provider shall be responsible for a catchment area with a  
4 minimum of a total of ninety thousand (90,000) and a maximum of one hundred forty thousand  
5 (140,000) children and youth up to the age of twenty-one (21).

6 (e) No prior authorization, referral, or clinical intake determination shall be required for  
7 initiation of MRSS.

8 (f) Services pursuant to this chapter shall be delivered in the child's natural environment  
9 whenever clinically appropriate.

10 (g) All requests for MRSS shall be presumed eligible for response under a no wrong door  
11 standard, and services shall not be denied or delayed due to:

12 (1) Payer status;

13 (2) Referral source; or

14 (3) Clinical screening thresholds inconsistent with a family-defined crisis.

15 **42-72.13-3. Service delivery standards.**

16 (a) Response time. Designated MRSS providers shall provide in-person mobile response  
17 within sixty (60) minutes of initial contact, unless clinically contraindicated. Telephonic or virtual  
18 response shall not substitute for in-person response except where clinically appropriate and  
19 determined by MRSS staff.

20 (b) Service components. MRSS shall include, at a minimum:

21 (1) Crisis assessment and de-escalation;

22 (2) Family engagement and support;

23 (3) Short-term stabilization services of sufficient duration to support safe resolution of the  
24 crisis; and

25 (4) Transition planning and linkage to ongoing behavioral health, educational, and  
26 community supports.

27 (c) Designated provider MRSS teams shall consist of a minimum of two (2) staff, including  
28 at least one licensed behavioral health clinician qualified to conduct clinical assessments and one  
29 additional team member, which may include a peer support specialist, family partner, or other  
30 trained paraprofessional. Providers shall ensure access to clinical supervision and psychiatric  
31 consultation on a twenty-four (24) hour basis.

32 (d) Workforce composition. Designated MRSS provider teams shall include licensed  
33 clinicians and may include peer support specialists, family navigators, and other trained staff with  
34 demonstrated expertise in children's behavioral health.

1           (e) Cultural and linguistic competency. MRSS designated providers shall deliver services  
2 in a culturally and linguistically responsive manner and shall ensure accessibility for individuals  
3 with disabilities.

4           (f) Coordination with crisis lines. MRSS shall serve as the primary, mobile crisis response  
5 system for children and youth experiencing behavioral health crises. MRSS shall operate in  
6 coordination with, but remain clinically and operationally distinct from, the 988 Suicide and Crisis  
7 Lifeline (988) and other telephonic triage or referral lines, including Kids' Link RI. Referrals to  
8 designated MRSS providers shall originate from 988, Kids' Link RI, 911, schools, child welfare  
9 agencies, healthcare providers, law enforcement, families, or self-referral; provided, however, that  
10 988 and other telephonic triage or referral lines may receive, assess, de-escalate, and route crisis  
11 contacts with applicable law, and designated MRSS providers shall retain clinical discretion in  
12 accordance with nationally recognized fidelity standards regarding deployment, response modality,  
13 and timing. Coordination with 988 and other crisis lines shall not result in unnecessary screening,  
14 triage delays, or redirection that substitutes telephonic intervention for in-person mobile response  
15 when MRSS is clinically appropriate. Nothing in this section shall permit 988 or any call center  
16 entity to control dispatch or clinical decision-making for MRSS services once a referral has been  
17 made. Nothing in this section shall be construed to require designated MRSS providers to operate  
18 or staff a call center, crisis hotline, or telephonic triage service.

19           (g) Coordination with certified community behavioral health clinics (CCBHC). Designated  
20 MRSS providers shall coordinate with CCBHCs and other behavioral health providers for purposes  
21 of referral, care transitions, information-sharing, and continuity of care when clinically appropriate  
22 and with appropriate consent.

23           (1) Designated MRSS providers may execute non-financial coordination agreements  
24 and/or designated collaborating organization (DCO agreements) with coordinating entities such as  
25 pediatricians, law enforcement, hospitals and other child and youth serving entities.

26           (2) Coordination shall not require MRSS to be operated by, embedded within,  
27 subcontracted to, or financially dependent upon a CCBHC, nor shall it limit the department's  
28 authority to contract directly with community-based designated MRSS providers. MRSS shall  
29 remain a distinct mobile crisis response and stabilization service with independent clinical decision-  
30 making authority.

31           (h) Child and family competency requirement. MRSS shall be delivered by designated  
32 MRSS providers with demonstrated expertise in child and adolescent behavioral health and family  
33 systems. Designated MRSS providers shall ensure that licensed clinical staff assigned to MRSS  
34 possess training and experience specific to children, youth and families, including child

1 development, trauma-informed care, family engagement, and coordination with child-serving  
2 systems. Providers that primarily serve adult populations shall not deliver MRSS unless they  
3 demonstrate child-specific capacity, staffing, and supervision as required by this chapter.

4 (i) MRSS shall be designed and delivered as a child- and family-centered service, distinct  
5 from adult behavioral health crisis systems. Program design, staffing, and service delivery models  
6 shall not be modified in a manner that:

7 (1) Aligns MRSS with adult crisis response frameworks; or

8 (2) Diminishes specialization in child and adolescent behavioral health.

9 (j) Designated MRSS providers shall retain exclusive authority over dispatch, triage, and  
10 clinical response decisions for MRSS encounters, and such authority shall not be delegated to  
11 external call centers or third-party entities.

12 **42-72.13-4. Funding and reimbursement.**

13 (a) MRSS shall be funded through a funding model consisting of:

14 (1) Medicaid reimbursement for services provided to Medicaid-eligible children and youth  
15 and shall be developed utilizing a methodology that reflects the full cost of delivering twenty-four  
16 (24) hour MRSS service;

17 (2) State general revenue appropriated to the department for services provided to children  
18 and youth who are not Medicaid-eligible; and

19 (3) State general revenue funding shall function as a guaranteed access backstop, ensuring  
20 that MRSS services are available to all children and youth regardless of payer source,  
21 reimbursement status, or coverage limitations.

22 (b) On or before October 1, 2027, the Medicaid agency shall submit to the legislature a  
23 report outlining the necessary steps and activities required to complete an alternative funding  
24 methodology for Medicaid MRSS payments including any costs associated with implementation.  
25 Implementation of the alternative methodology shall occur no later than October 1, 2028 in  
26 accordance with federal approval.

27 (c) No child or family shall be denied MRSS based on inability to pay, insurance status or  
28 failure to satisfy cost-sharing obligations. Designated MRSS providers shall not balance bill  
29 families for services not reimbursed in whole or in part by Medicaid, commercial insurance, or  
30 state appropriations.

31 (d) State funds appropriated pursuant to this section may be used to draw down available  
32 federal matching funds to the maximum extent permitted by law.

33 (e) In the event of state budget reductions, MRSS shall be classified as an essential child  
34 behavioral health service. No reduction in MRSS funding shall occur without a public impact

1 analysis and thirty (30) day notice to the general assembly, with explanation of how statutory  
2 response time and coverage standards will be maintained.

3 (f) The department, in consultation with the state Medicaid agency, shall annually certify  
4 to the general assembly the total funding level necessary to maintain compliance with this chapter  
5 and the consent decree. The certification shall specify: the portion supported by Medicaid and the  
6 portion requiring state general revenue.

7 (g) Appropriation and minimum state funding requirement.

8 (1) The general assembly declares MRSS to be a core child-serving safety net service, and  
9 funding shall be sufficient to ensure no waitlists, service denials, or geographic gaps in access.

10 (2) For the fiscal year ending June 30, 2027, there is hereby appropriated nine hundred  
11 thousand dollars (\$900,000) in general revenue to the executive office of health and human services  
12 to support mobile response and stabilization services for uninsured and underinsured children and  
13 youth and to cover services and costs not otherwise reimbursed by Medicaid or commercial  
14 insurance.

15 (3) Beginning in fiscal year 2028, and annually thereafter, the department, in coordination  
16 with the Medicaid agency, shall include in its annual budget request and the governor shall include  
17 in the budget submitted pursuant to § 35-3-7, a general revenue appropriation sufficient to ensure  
18 statewide access to mobile response and stabilization services for uninsured and underinsured  
19 children and youth consistent with the requirements of this chapter and the Children's Behavioral  
20 Health Consent Decree.

21 (4) For the fiscal year ending June 30, 2028, and for each fiscal year thereafter, the general  
22 revenue appropriation for mobile response and stabilization services pursuant to this section shall  
23 not be less than one million dollars (\$1,000,000), unless modified by act of the general assembly.

24 (h) For children and youth covered by commercial insurance, the state shall ensure access  
25 to MRSS services without delay or denial based on coverage limitations, reimbursement disputes,  
26 or network restrictions.

27 (i) The department shall ensure that state general revenue is available as a payer of last  
28 resort to guarantee uninterrupted access to MRSS services when commercial coverage is  
29 unavailable, insufficient, or delayed.

30 **42-72.13-5. Medicaid coverage.**

31 (a) The Medicaid agency shall designate MRSS as a covered Medicaid service for eligible  
32 children and youth up to the age of twenty-one (21), including coverage pursuant to the early and  
33 periodic screening, diagnostic, and treatment (EPSDT) benefit.

34 (b) The Medicaid agency shall submit any necessary state plan amendments or waiver

1 applications to the Centers for Medicare and Medicaid Services to implement this section.

2 (c) The Medicaid agency shall ensure compliance with all applicable EPSDT requirements  
3 for Medicaid eligible children and youth accessing MRSS.

4 (d) Nothing in this section shall prevent the Medicaid agency from implementing  
5 utilization management or prior authorization to ensure program integrity and compliance with  
6 federal Medicaid requirements.

7 **42-72.13-6. Provider designation and contracting.**

8 (a) The department shall license and oversee community-based designated MRSS  
9 providers. The department may enter into contracts as necessary for payment and administrative  
10 purposes; however, designation as an MRSS provider shall be based on licensure, not procurement  
11 status.

12 (b) In designating MRSS providers, the department shall prioritize:

13 (1) MRSS providers with demonstrated experience in children's behavioral health crisis  
14 services;

15 (2) Existing community-based providers currently delivering mobile crisis or stabilization  
16 services; and

17 (3) Geographic coverage sufficient to ensure statewide access.

18 (c) Designated MRSS provider contracts shall establish reimbursement rates, performance  
19 standards, reporting requirements, and care coordination expectations.

20 (d) The department shall establish a licensure category specific to children's mobile  
21 response and stabilization services, including standards for clinical staffing, child and family  
22 expertise, and service delivery requirements. Each designated MRSS provider shall be responsible  
23 to provide MRSS to all children and youth up to the age of twenty-one (21) and demonstrate a  
24 willingness to provide services for the purposes of mutual aid to other licensed MRSS providers  
25 when needed.

26 (e) No provider shall deliver MRSS unless licensed pursuant to this chapter.

27 **42-72.13-7. Oversight and reporting.**

28 (a) The department shall collect data on MRSS utilization, response times, outcomes, and  
29 cost avoidance.

30 (b) No later than January 1 of each year, the department shall submit a report to the  
31 governor and the general assembly detailing:

32 (1) Program utilization and geographic coverage;

33 (2) Funding sources and expenditures;

34 (3) Outcomes related to emergency department and inpatient diversion; and

1           (4) Recommendations for statutory or budgetary changes.

2           **42-72.13-8. Rulemaking authority.**

3           (a) The department shall promulgate rules and regulations necessary to implement this  
4 chapter. The rules and regulations shall establish a statewide MRSS mutual aid framework to ensure  
5 coverage during periods of high demand, workforce shortages, or regional capacity constraints.

6           (b) The department rules and regulations shall include the following:

7           (1) "Family-defined crisis" means a situation identified by a child or youth, their parent,  
8 caregiver, or another individual responsible for the welfare of the child or youth as causing  
9 emotional, behavioral, or relational distress that exceeds the family's ability to manage safely  
10 without support.

11           (2) "Screen-in standard" means an access standard under which all requests for MRSS are  
12 presumed eligible for response unless clinical judgment determines that the situation presents a  
13 level of imminent risk that requires emergency services beyond the scope of MRSS.

14           (3) "Stabilization services" means time-limited, post-crisis supports provided following the  
15 initial mobile response to assist the child or youth and their family in maintaining safety,  
16 strengthening coping strategies, and connecting to ongoing services and natural supports.

17           (4) "Crisis episode" means the period of care beginning with the initial request for MRSS  
18 and continuing through crisis response, stabilization, and transition or discharge.

19           (5) "Mutual aid" means a coordinated, temporary arrangement among designated MRSS  
20 providers to ensure statewide coverage during periods of high demand, workforce shortages, or  
21 localized capacity constraints.

22           (c) Designated MRSS providers shall participate in coordinated coverage protocols to  
23 prevent service gaps and ensure statewide response time requirements are met. Participation in  
24 mutual aid shall not be used to supplant existing designated MRSS providers or reallocate base  
25 funding.

26           **42-72.13-9. Severability.**

27           If any provision of this act is held invalid, such invalidity shall not affect other provisions  
28 of the act which can be given effect without the invalid provision.

29           SECTION 3. This act shall take effect upon passage.

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LC006098/SUB A/3  
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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- CHILDREN'S MOBILE  
RESPONSE AND STABILIZATION SERVICES

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1           This act would establish a statewide mobile response and stabilization services program to  
2 provide rapid crisis response and short-term stabilization for children and youth in their natural  
3 environments.

4           This act would take effect upon passage.

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LC006098/SUB A/3  
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