

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

A N A C T

RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS -- CHILDREN'S MOBILE RESPONSE AND STABILIZATION SERVICES ACT

Introduced By: Representatives Casimiro, Noret, Read, Serpa, Tanzi, Cotter, Carson, Alzate, Shallcross Smith, and Ajello

Date Introduced: February 13, 2025

Referred To: House Finance

It is enacted by the General Assembly as follows:

1 SECTION 1. The purpose of this act is to establish a statewide standalone Mobile Response
2 and Stabilization Services (MRSS) program to address the behavioral health needs of children and
3 youth ages two (2) to twenty-one (21) by:

4 (1) Ensuring timely crisis response and behavioral health intervention services tailored to
5 the developmental needs of children.

6 (2) Providing stabilization services to prevent unnecessary hospitalizations, emergency
7 room visits, or out-of-home placements.

8 (3) Meeting Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
9 obligations for medically necessary behavioral health services.

10 (4) Ensuring that MRSS services are available in children's natural environments, such as
11 homes, schools, and community settings, while prioritizing family-centered, trauma-informed, and
12 developmentally appropriate care.

13 SECTION 2. Title 40.1 of the General Laws entitled "BEHAVIORAL HEALTHCARE,
14 DEVELOPMENTAL DISABILITIES AND HOSPITALS" is hereby amended by adding thereto
15 the following chapter:

16 CHAPTER 30

17 CHILDREN'S MOBILE RESPONSE AND STABILIZATION SERVICES ACT

18 40.1-30-1. Short title.

1 This chapter shall be known and may be cited as the "Children's Mobile Response and
2 Stabilization Services Act".

3 **40.1-30-2. Definitions.**

4 For purposes of this section, the following terms shall have the following meanings:

5 (1) "Certified providers" means organizations licensed in accordance with the provisions
6 of § 40.1-5-6(a)(2) and 214-RICR-40-00-6 that have demonstrated expertise in delivering child-
7 specific MRSS.

8 (2) "EPSDT" means the Medicaid Early and Periodic Screening, Diagnostic, and Treatment
9 benefit, which guarantees medically necessary services for beneficiaries under the age of twenty-
10 one (21), including MRSS.

11 (3) "Mobile response and stabilization services" or "(MRSS)" means a behavioral health
12 crisis intervention system providing immediate de-escalation, stabilization services, and follow-up
13 care designed specifically for children and families.

14 (4) "Natural environment" means settings where children typically live, learn, and play,
15 including homes, schools, child care centers, and community facilities.

16 **40.1-30-3. Program structure and services delivery.**

17 (a) MRSS shall operate twenty-four (24) hours a day, seven (7) days a week, with a
18 response time of no more than one hour from the initial request for assistance.

19 (b) Services shall be accessible to all children in crisis, as determined by the child, family,
20 or caregiver, without requiring formal referrals or prior authorization.

21 **40.1-30-4. Service components.**

22 (a) Services shall be culturally, linguistically, and developmentally appropriate to ensure
23 equitable access for diverse populations.

24 (b) Crisis response teams shall be composed of trained professionals and paraprofessionals,
25 including licensed clinicians, peer support specialists, and family navigators with expertise in child
26 and adolescent behavioral health.

27 (c) Crisis stabilization services are short-term, child-focused interventions and shall be
28 provided to stabilize the child's condition and develop a transition plan to prevent re-escalation.

29 (d) Family-centered coordination shall ensure linkage to ongoing behavioral healthcare,
30 educational supports, and community resources, while promoting caregiver involvement and
31 empowerment.

32 (e) Services shall align with evidence-based practices specific to children and adolescents
33 and interventions shall address triggers unique to children, including academic stress, peer
34 conflicts, and family dynamics, while promoting resilience and emotional regulation.

1 **40.1-30-5. Funding and compliance with EPSDT.**

2 (a) Medicaid funding. The general assembly authorizes the state Medicaid agency to submit
3 a state plan amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS). This state
4 plan amendment shall establish MRSS as a Medicaid-reimbursable service under the EPSDT
5 benefit. Said state plan amendment shall be submitted to CMS within ninety (90) days of enactment
6 of this chapter. The SPA shall ensure that MRSS is a statewide service, available to all eligible
7 Medicaid recipients in Rhode Island, without geographic or financial barriers.

8 (b) The state shall allocate general revenue funds to provide this service which is not funded
9 by Medicaid, and address funding gaps for family education, peer support services, and workforce
10 development.

11 (c) All services shall meet the criteria under 42 U.S.C. § 1396d(a), ensuring coverage for
12 rehabilitative services, physician services, and case management.

13 (d) Providers shall comply with federal Medicaid EPSDT standards to ensure timely access
14 to services.

15 **40.1-30-6. Provider requirements.**

16 (a) Providers shall demonstrate expertise in child crisis response, stabilization, and follow-
17 up care.

18 (b) Providers shall collaborate with child-serving systems, including schools, child welfare
19 agencies, juvenile justice systems, and pediatric health providers.

20 (c) Providers shall establish agreements with local school districts, special education
21 programs, pediatric and adolescent primary care providers and certified community behavioral
22 health clinics (CCBHCs).

23 **40.1-30-7. Monitoring and accountability.**

24 (a) The department of children, youth and families (DCYF) shall oversee implementation,
25 including:

26 (1) Data collection on service utilization, patient outcomes, and demographic trends.

27 (2) Annual reporting to the general assembly on reduction in psychiatric hospitalizations,
28 increased family and patient satisfaction, and identification of service gaps and recommendations
29 for system improvement.

30 (b) The DCYF shall promulgate rules and regulations to implement the provisions of this
31 chapter.

32 **40.1-30-8. Appropriation.**

33 The sum of six million dollars (\$6,000,000) shall be appropriated from the state general
34 fund to support the implementation of MRSS, including provider certification and workforce

- 1 [development, expansion of crisis response teams to underserved regions and public awareness](#)
- 2 [campaigns to inform families of MRSS availability.](#)

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

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND
HOSPITALS -- CHILDREN'S MOBILE RESPONSE AND STABILIZATION SERVICES ACT

1 This act would appropriate six million dollars (\$6,000,000) to establish a statewide
2 standalone children's mobile response and stabilization services to address the behavioral health
3 needs of children and youth ages two (2) to twenty-one (21). This act would also provide that the
4 state allocate general revenue funds to provide services not funded by Medicaid. The department
5 of children, youth and families would oversee implementation of the program and promulgate rules
6 and regulations to implement the provisions of this chapter.

7 This act would take effect upon passage.

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