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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

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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 braided combination of  
11 commercial insurance, Medicaid and state general revenue promotes equitable access to services  
12 regardless of 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) "Braided funding" means the coordinated use of Medicaid funds, commercial insurance  
9 and state general revenue to finance services through a unified payment structure.

10 (2) "Department" means the department of children, youth and families (DCYF).

11 (3) "Designated MRSS provider" means a community-based provider certified or  
12 contracted by the department to deliver MRSS.

13 (4) "Medicaid agency" means the Medicaid program administered within the executive  
14 office of health and human services (EOHHS).

15 (5) "Mobile response and stabilization services" or "MRSS" means community-based  
16 behavioral health crisis services for children and youth under the age of twenty-one (21), including:

17 (i) Rapid mobile crisis response;

18 (ii) Crisis assessment and de-escalation;

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

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

22  
23 (6) "Natural environment" means homes, schools, childcare settings, and other community  
24 locations in which children and youth typically live, learn, or receive care.

25 **42-72.13-2. Establishment of a statewide MRSS program.**

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

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

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

33 (d) No prior authorization, referral, or clinical intake determination shall be required for  
34 initiation of MRSS.

1 (e) Services pursuant to this chapter shall be delivered in the child's natural environment  
2 whenever clinically appropriate.

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

4 (a) Response time. Designated MRSS providers shall provide in-person mobile response  
5 within sixty (60) minutes of initial contact, unless clinically contraindicated.

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

7 (1) Crisis assessment and de-escalation;

8 (2) Family engagement and support;

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

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

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

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

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

24 (f) Coordination with crisis lines. MRSS shall operate in coordination with, but remain  
25 clinically and operationally distinct from, the 988 Suicide and Crisis Lifeline (988) and other  
26 telephonic triage or referral lines, including Kids' Link RI. Referrals to designate MRSS providers  
27 shall originate from 988, Kids' Link RI, 911, schools, child welfare agencies, healthcare providers,  
28 law enforcement, families, or self-referral; provided, however, that designated MRSS providers  
29 shall retain clinical discretion regarding deployment, response modality, and timing. Nothing in  
30 this section shall be construed to require designated MRSS providers to operate or staff a call center,  
31 crisis hotline, or telephonic triage service.

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

1 and with appropriate consent. Coordination shall not require MRSS to be operated by, embedded  
2 within, subcontracted to, or financially dependent upon a CCBHC, nor shall it limit the department's  
3 authority to certify or contract directly with community-based designated MRSS providers. MRSS  
4 shall remain a distinct mobile crisis response and stabilization service with independent clinical  
5 decision-making authority.

6 (h) Child and family competency requirement. MRSS shall be delivered by designated  
7 MRSS providers with demonstrated expertise in child and adolescent behavioral health and family  
8 systems. Designated MRSS providers shall ensure that licensed clinical staff assigned to MRSS  
9 possess training and experience specific to children, youth and families, including child  
10 development, trauma-informed care, family engagement, and coordination with child-serving  
11 systems. Providers that primarily serve adult populations shall not deliver MRSS unless they  
12 demonstrate child-specific capacity, staffing, and supervision as required by this chapter.

13 **42-72.13-4. Funding and reimbursement.**

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

15 (1) Medicaid reimbursement for services provided to Medicaid-eligible children and youth  
16 and shall be actuarially sound and reflect the full cost of delivering twenty-four (24) hour MRSS  
17 service; and

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

20 (b) The department and the Medicaid agency shall ensure that providers receive a single,  
21 unified payment for MRSS services, without requiring separate billing streams based on insurance  
22 status.

23 (c) Families shall not be charged fees, co-payments, or cost sharing for MRSS.

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

26 (e) In the event of state budget reductions, MRSS shall be classified as an essential child  
27 behavioral health service. No reduction in MRSS funding shall occur without a public impact  
28 analysis and thirty (30) day notice to the general assembly, with explanation of how statutory  
29 response time and coverage standards will be maintained.

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

34 (g) Appropriation and minimum state funding requirement.

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

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

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

15           **42-72.13-5. Medicaid coverage.**

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

19           (b) The Medicaid agency shall submit any necessary state plan amendments or waiver  
20 applications to the Centers for Medicare and Medicaid Services to implement this section.

21           (c) Managed care entities contracted with the Medicaid agency shall include MRSS in their  
22 covered service arrays and provider networks.

23           (d) MRSS shall not be subject to prior authorization, visit caps, geographic restrictions, or  
24 utilization management practices that delay or impede crisis response or stabilization services.

25           **42-72.13-6. Provider designation and contracting.**

26           (a) The department shall certify and contract with community-based designated MRSS  
27 providers to deliver MRSS.

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

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

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

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

34           (c) Designated MRSS provider contracts shall establish reimbursement rates, performance

1 standards, reporting requirements, and care coordination expectations.

2 **42-72.13-7. Oversight and reporting.**

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

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

7 (1) Program utilization and geographic coverage;

8 (2) Funding sources and expenditures;

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

10 (4) Recommendations for statutory or budgetary changes.

11 **42-72.13-8. Rulemaking authority.**

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

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

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

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

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

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

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

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

1           **42-72.13-9. Severability.**

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

4           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 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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