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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. Title 42 of the General Laws entitled "STATE AFFAIRS AND
2 GOVERNMENT" is hereby amended by adding thereto the following chapter:
3 CHAPTER 72.13
4 CHILDREN'S MOBILE RESPONSE AND STABILIZATION SERVICES
5 **42-72.13-1. Definitions.**
6 As used in this chapter:
7 (1) "Department" means the department of children, youth and families (DCYF).
8 (2) "Designated MRSS provider" means a community-based provider licensed or
9 contracted by the department to deliver MRSS.
10 (3) "Medicaid agency" means the Medicaid program administered within the executive
11 office of health and human services (EOHHS).
12 (4) "Mobile response and stabilization services" or "MRSS" means community-based
13 behavioral health crisis services for children and youth up to the age of twenty-one (21), including:
14 (i) Rapid mobile crisis response;
15 (ii) Crisis assessment and de-escalation;
16 (iii) Short-term stabilization and follow-up services; and
17 (iv) Care coordination with families, schools, healthcare providers, and community-based
18 organizations.

1 (5) "Natural environment" means homes, schools, childcare settings, and other community
2 locations in which children and youth typically live, learn, or receive care.
3 **42-72.13-2. Establishment of a statewide MRSS program.**
4 (a) The department, in coordination with the Medicaid agency, shall establish and
5 administer a statewide mobile response and stabilization services program, and shall ensure
6 alignment with the Children's Behavioral Health Consent Decree that was ordered in United States
7 v. State of Rhode Island, C.A. No. 24-cv-00531.
8 (b) The department shall establish standards for MRSS service fidelity.
9 (c) MRSS shall be available statewide, twenty-four (24) hours per day, seven (7) days per
10 week, to all children and youth regardless of insurance status or Medicaid eligibility.
11 (d) The department shall license a minimum of two (2) MRSS providers and a maximum
12 of three (3) providers for the entire State of Rhode Island.
13 (1) Each licensed MRSS provider shall be responsible to provide MRSS to all children and
14 youth up to the age of twenty-one (21) to their agreed geographic region or catchment area as
15 established by the department.
16 (2) Licensed MRSS geographic catchment areas shall be through the assignment of the
17 specific cities and towns and ensure sustainability and community connection.
18 (e) No prior authorization, referral, or clinical intake determination shall be required for
19 initiation of MRSS.
20 (f) Services pursuant to this chapter shall be delivered in the child's natural environment
21 whenever clinically appropriate.
22 (g) All requests for MRSS shall be presumed eligible for response under a no wrong door
23 standard, and services shall not be denied or delayed due to:
24 (1) Payer status;
25 (2) Referral source; or
26 (3) Clinical screening thresholds inconsistent with a family-defined crisis.
27 **42-72.13-3. Service delivery standards.**
28 (a) Response time. Designated MRSS providers shall provide in-person mobile response
29 within sixty (60) minutes of initial contact, unless clinically contraindicated. Telephonic or virtual
30 response shall not substitute for in-person response except where clinically appropriate and
31 determined by MRSS staff.
32 (b) Service components. MRSS shall include, at a minimum:
33 (1) Crisis assessment and de-escalation;
34 (2) Family engagement and support;

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

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

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

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

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

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

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

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

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

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

42-72.13-4. Funding.

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

42-72.13-5. Medicaid coverage.

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

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

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

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

42-72.13-6. Provider designation and contracting.

(a) The department shall license and oversee community-based designated MRSS

providers. The department may enter into contracts as necessary for payment and administrative purposes; however, designation as an MRSS provider shall be based on licensure, not procurement status.

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

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

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

(3) Geographic coverage sufficient to ensure statewide access.

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

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

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

42-72.13-7. Oversight and reporting.

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

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

(1) Program utilization and geographic coverage;

(2) Funding sources and expenditures;

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

(4) Recommendations for statutory or budgetary changes.

42-72.13-8. Rulemaking authority.

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

42-72.13-9. Severability.

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

1 SECTION 2. 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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