



Rhode Island Executive Office of Health and Human Services
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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 8180– An Act Relating to State Affairs and Government -- Children's Mobile Response and Stabilization Services

Dear Chairman Abney:

The Executive Office of Health and Human Services (EOHHS) appreciates the opportunity to provide feedback on **H 8180 – An Act Relating to State Affairs and Government – Children's Mobile Response and Stabilization Services**. EOHHS is fully committed to the Mobile Response and Stabilization Services (MRSS) model and wholeheartedly supports the core policy goals of this proposal. We would like to share our concerns regarding implementation language that may unintentionally create federal financing or program-structure conflicts and welcome further discussion.

EOHHS and DCYF launched a MRSS pilot program in 2022, utilizing braided funding from various grants and American Rescue Plan Act - Home and Community Based Services (ARPA HCBS) dollars. Through a competitive process, Family Service of Rhode Island (FSRI) and Tides Family Services (TFS) were selected to participate in the pilot program. While the pilot successfully demonstrated the model's value, limited funding prevented statewide availability. Driven by our support for this national model and a shared desire to scale the program, EOHHS and our Interagency Team (EOHHS/Medicaid, BHDDH, and DCYF) determined a pathway for sustainability by integrating MRSS as a required model and core service within the State's Certified Community Behavioral Health Clinics (CCBHCs).

We recognize that the intent of this proposal is to continue strengthening children's behavioral health responses and supporting MRSS. EOHHS was supportive of the decision made by the General Assembly in 2025 to pull oversight authority and funding of MRSS from the CCBHC program. EOHHS also supports the language in this legislation's goals of statewide access, timely in-person response, family-centered practice, mutual aid, and preservation of MRSS as a distinct children's crisis service.

Here is one detail within the legislation to discuss: "The department and the Medicaid agency shall ensure that providers receive a single, unified payment for MRSS services, without requiring separate billing streams based on insurance status." It is important to note that Rhode Island Medicaid cannot process payments or pay for services that are not provided to a Medicaid member through the state's **Medicaid Management Information System (MMIS)** without negotiation and approval from the Center for Medicare and Medicaid Services (CMS). This process has the potential to delay implementation significantly. There are questions about whether Medicaid has the authority to recoup the commercial payment for MRSS to include it in the MRSS unified payment.

It is also important to recognize that the provision of 24/7 behavioral health mobile crisis services remains a core requirement of all CCBHCs under federal CMS/SAMHSA Demonstration rules – and in Rhode Island, we have made MRSS the required model for children and youth. To fulfill this requirement, CCBHCs, who are not separately licensed as MRSS providers, must execute a non-financial Designated Collaborating Organization contract with a qualified MRSS provider. This means that we would suggest taking out the words "subcontracted to" in the following sentence because it would not allow the DCO relationship: "Coordination shall not require MRSS to be operated by, embedded within, **subcontracted to**, or financially dependent upon a CCBHC."

Also, the State is in the process of drafting and promulgating updated regulations that allow DCYF to license a set of State sanctioned MRSS providers. To participate in the State Medicaid program, these licensed providers will also need to meet all Medicaid enrollment requirements.

Thank you for your ongoing commitment to children's behavioral health and for considering these issues and concerns. We would be happy to work together on an approach to ensure ongoing sustainability of the MRSS program.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ana P. Novais".

Ana P. Novais
Assistant Secretary
Executive Office of Health and Human Services

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