Rhode Island Executive Office of Health and Human Services
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April 10, 2025

The Honorable Susan R. Donovan, Chairwoman
House Committee on Health & Human Services
Room 135, State House
Providence, Rhode Island 02903

RE: **2025 H 6118**—An Act Relating to Insurance – Accident and Sickness Insurance Policies

Dear Chairwoman Donovan:

Please accept this letter of support for **H-6118** which would require commercial insurance companies to provide adequate funding of Mobile Response and Stabilization Services (MRSS) for children. MRSS youth-and-family specific crisis intervention model provides immediate, on-site intervention and support to children and youth experiencing a behavioral health crisis in homes and community settings.

The MRSS model has been shown to be effective in reducing hospitalization and out-of-home placement for children and youth in crisis. Studies have also shown that the model is cost-effective and can lead to improved outcomes for children and families. The MRSS program includes triage, mobile response, crisis evaluation and stabilization components:

Triage: MRSS fields referrals from a variety of sources (parents/caregivers, schools, etc.) triages the call, and dispatches mobile intervention teams when necessary. The family defines the crisis.

Mobile Response: MRSS staff members respond in the time and place of family choice with two-person teams, within 1 hour when the crisis requires an emergency response. MRSS provides a response under 24 hours in non-emergency situations. This includes the family's home, school, and other community locations.

Stabilization: This includes short-term behavioral health intervention of up to 30 days.

As you know, Medicaid covers MRSS as a required component of Certified Community Behavioral Health Clinics (CCBHC) as via an alternative payment model. Covering MRSS in this fashion means that Medicaid covers all components of the model together, which allows for multiple follow-up services within the 30 days of coverage.

Currently, if commercial insurers do not cover the services using a similar cost based alternative payment model, providers of MRSS could bill commercial insurers for separate components of the services that they deem eligible for coverage – but this may not include all of the elements of the MRSS model. For instance, the follow-ups may require significant care coordination, which is often not covered by commercial insurance. Other aspects of the program, including triage or the costs associated with a two-person team, may not be covered either.

EOHHS has had discussions with Rhode Island's commercial insurers about the value of MRSS. We believe that aligning commercial coverage with Medicaid coverage of MRSS as a bundled service or a cost-based alternative payment model would help ensure all of Rhode Island's children have access to this critical care.

Sincerely,

Richard Charest, R.Ph., MBA
Secretary
Executive Office of Health and Human Services

CC: Honorable Members of the House Committee Health & Human Services
Honorable Teresa A. Tanzi
Nicole McCarty, Esq., Chief Legal Counsel
Lynne Urbani, Director of House Policy