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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 26-0002

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

August 4, 2026

Richard Charest, R.Ph, MBA, Secretary
Executive Office of Health and Human Services
3 West Road, Virks Building
Cranston, RI 02920

Re: Rhode Island State Plan Amendment (SPA) – 26-0002

Dear Secretary Charest:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0002. This amendment proposes to include Mobile Response and Stabilization Services to Rhode Island's Medicaid State Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 440.130 and 42 CFR Part 447. This letter informs you that Rhode Islands's Medicaid SPA TN 26-0002 was approved on August 4, 2026, with an effective date of October 1, 2026.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Rhode Island State Plan.

If you have any questions, please contact Joyce Butterworth at (617) 531-7573 or via email at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

[redacted]

Barbara K. Richards
Deputy Director, Medicaid & CHIP Operations Group

Enclosures

cc: Kristin Sousa, Interim Medicaid Program Director
Kathryn Thomas, Senior Economic and Policy Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26-0002

2. STATE: RI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR § 440.130, 42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2027 $ 1,650,000
b. FFY 2028 $ 2,368,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, Supplement to Page 6, p. 6.29
Attachment 3.1-A, Supplement to Page 6, p. 6.29a (NEW)
Attachment 4.19B, p. 13.D.7
Attachment 3.1-A, Supplement to Page 6, p. 6.29b (NEW)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 3.1-A, Supplement to Page 6, p. 6.29 (TN 08-011)
Attachment 4.19B, p. 13.D.7 (TN 24-0010)

9. SUBJECT OF AMENDMENT
Comprehensive Emergency and Stabilization Services delivered via MRSS Model

10. GOVERNOR'S REVIEW *(Check One)*
( ) GOVERNOR'S OFFICE REPORTED NO COMMENT
( ) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
( ) NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
(●) OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
Richard Charest

13. TITLE
Secretary, EOHHS

14. DATE SUBMITTED
6/2/26

15. RETURN TO
EOHHS
3 West Road
Cranston, RI 02920

FOR CMS USE ONLY

16. DATE RECEIVED
June 2, 2026

17. DATE APPROVED
August 4, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2026

19. SIGNATURE OF APP
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Barbara Richards

21. TITLE OF APPROVING OFFICIAL
Deputy Director, Medicaid & CHIP Operations Group

22. REMARKS
07/17/2026: The state authorized the following pen & ink changes:
Box 7: Add new SPA page

Instructions on Back

13D. Rehabilitative Services (cont.)

Children's Behavioral Health Services

Comprehensive Emergency and Stabilization Services

Definition:

Comprehensive Emergency and Stabilization Services delivered under the Mobile Response and Stabilization Services (MRSS) model is a structured intervention and support service designed to promptly address a crisis situation with a child or youth up to age 21 years old who are experiencing emotional symptoms, behaviors, or traumatic circumstances that compromise or impact the child or youth's ability to function within their home, living situation, school, or community. The provision of this service is designed to prevent admission of the child or youth to a hospital setting or placement in a higher level of care.

Per the MRSS model, comprehensive emergency and stabilization services include the following service components:

- **Telephonic Triage Services:** Assessment of child or youth experiencing a behavioral health crisis through telephone communication to allow for immediate intervention and support, identification of immediate risk of harm and determination of the urgency of care required. Telephonic Triage Services are available 24 hours a day, 7 days a week.

- **Mobile Crisis Response:** A two-person team mobile response to the child or youth to provide the following service components:
    - De-escalation
    - Intervention
    - Risk assessment
    - Crisis counseling and
    - Safety planning.

  The two-person team utilizes standardized screening and assessment tools, develops an individualized MRSS plan and initiates psychiatric consultation when indicated. Mobile Crisis Response is available 24 hours a day, 7 days a week.

- **Stabilization Services:** Following the mobile crisis response, stabilization services include continued monitoring, coordination and implementation of the individualized MRSS plan. Service components may include:
    - Clinical Assessment
    - Individual and/or Family Therapy
    - Psychoeducation
    - Skill training and development

13D. Rehabilitative Services (cont.)

Children's Behavioral Health Services

Comprehensive Emergency and Stabilization Services (cont.)

- Referral for psychiatric consultation and medication management if needed
- Referrals and navigation support to the appropriate community-based services and supports
- Coordination of services
- Service transition

Service Limitations

Stabilization services cannot be duplicative of any other Medicaid State Plan or waiver services provided to the beneficiary and may require prior authorization. Stabilization services can be provided for up to 30 days following the initial mobile crisis response. This limit can be extended if medically necessary

Provider Qualifications:

Services are provided by organizations licensed by the Department of Children, Youth and Families.

Comprehensive Emergency and Stabilization services offered using the MRSS model are delivered by a mobile response team that consists of at least two staff, one of whom is independently licensed. The following provider(s) are qualified to deliver services within the MRSS model:

- A clinician who is licensed by the State of Rhode Island that includes a scope of practice for behavioral health conditions.
- An individual with a Master's Degree in Clinical Practice, supervised by a licensed practitioner in a relevant field
- An Advanced Practice Nurse (APRN) or a Licensed Registered Nurse who is certified in Psychiatric/Mental Health by the State of Rhode Island
- A psychiatrist with demonstrated experience working with children and adolescents
- A paraprofessional who meets the qualifications of a Certified Peer Recovery Specialist, a Family Partner, and/or a Youth Partner as follows:
    - Certified Peer Recovery Specialists must:
        - Be credentialed by the Rhode Island Certification Board (RICB) as a Peer Recovery Specialist, pursuant to the standards available at http://www.ricertboard.org/. RICB credentialing standards meet minimum standards of the International Certification and Reciprocity Consortium (IC&RC); and
        - Acknowledge they have a mental illness or substance use disorder and has received or is currently receiving treatment and/or community support for it, or
        - Have experience with an on-going and/or personal experience with a family member, including their child, with a similar mental illness and/or substance use disorder are also qualified to be a Peer Recovery Specialist.

13D. Rehabilitative Services (cont.)
Children's Behavioral Health Services

Comprehensive Emergency and Stabilization Services (cont.)

- Family Partners must:
  - Be 21 years of age; and
  - Be a self-identified parent or caregiver of a child or youth with special needs, including behavioral health needs, and/or a child involved in the child welfare or juvenile justice systems OR professional experience of at least two years working with children/youth with special needs OR be equivalently qualified by education in the human services field; and
  - Have at least a high school diploma or GED.
- Youth Partners must:
  - Be 21 years of age; and
  - Have a high school diploma or equivalent with 2 years of experience working with children/youth OR a relevant associate degree with 1 year of experience working with children/youth OR a bachelor's degree in a relevant field. and
  - Be supervised by a licensed health care practitioner who is available at all times to provide support and consultation.

- A paraprofessional who has:
  - A bachelor's degree in a related human services field; or
  - A bachelor's degree in a non-human services field with 2 years of experience working with children or adolescents; or
  - An associate degree in a related human services field with 3 years of experience working with children or adolescents.

Telephonic Triage Services must be delivered by:
- A clinician who is licensed by the State of Rhode Island that includes a scope of practice for behavioral health conditions.

Mobile Crisis Response must be delivered by:
- A two-person team made up of at least one person who is licensed by the State of Rhode Island that includes a scope of practice for behavioral health conditions. The second team member must be any other qualified provider of MRSS or an additional licensed clinician.

Stabilization Services can be delivered by:
- Any qualified provider of MRSS acting within their scope of practice.

Rehabilitative Services (cont.)

Mental Health Emergency Service Interventions;
Comprehensive Emergency and Stabilization Services
Enhanced Early Start
Day Treatment Program

Payment Methodology

Services are reimbursed on the basis of a fee schedule.

Fees are determined on a per diem basis.

The State Medicaid agency will have a contract with each entity receiving payment under this service that will require that the entity furnish to the Medicaid agency on an annual basis the following:

a. data, by practitioner, on the utilization by Medicaid beneficiaries of the services included in the unit rate and;
b. cost information by practitioner type and by type of service actually delivered within the service unit.

Future rate updates will be based on information obtained from the providers.

Rate Increases:

The State does not increase rates based on a set inflation factor on a pre-determined basis.

Date of Effective Rates:

The agency's fee schedule rate was set as of October 1, 2026 and is effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Comprehensive Emergency and Stabilization Services, Enhanced Early Start, and Day Treatment Program. All rates are published on the EOHHS website (eohhs.ri.gov/providers-partners/fee-schedules).

Residential Treatment Programs

Payment Methodology

Services are reimbursed on the basis of a fee schedule.

The rate is structured to capture all of the staff cost associated with providing the basis, routine day-to-day rehabilitative care uniformly provided to all residents that either takes place in the program, or is provided by staff of the program.

Payment is on a per diem basis.

Payment does not include room and board.

The State Medicaid agency will have a contract with each entity receiving payment under this services that will require that the entity furnish to the Medicaid agency on an annual basis the following:

a. data, by practitioner, on the utilization by Medicaid beneficiaries of the services included in the unit rate and;
b. cost information by practitioner type and by type of service actually delivered within the service unit.

Future rate updates will be based on information obtained from the providers.

Rate Increases:

The State does not increase rates based on a set inflation factor on a pre-determined basis.

Date of Effective Rates:

The agency's fee schedule rate was set as of October 1, 2024 and is effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Residential Treatment Programs. All rates are published on the EOHHS website (eohhs.ri.gov/providers-partners/fee-schedules).