

Regulatory Analysis Form (Completed by Promulgating Agency) (All Comments submitted on this regulation will appear on IRRC's website)		INDEPENDENT REGULATORY REVIEW COMMISSION RECEIVED Independent Regulatory Review Commission October 8, 2026	
(1) Agency Department of Human Services		IRRC Number: 3503	
(2) Agency Number: 14- Identification Number: 560			
(3) PA Code Cite: 55 Pa. Code Chapter 1350			
(4) Short Title: Crisis Intervention Services Payment			
(5) Agency Contacts (List Telephone Number and Email Address): Primary Contact: Tara Pride (717) 346-8116, tpride@pa.gov Secondary Contact: Jill Stemple (717) 787-1677, jistemple@pa.gov			
(6) Type of Rulemaking (check applicable box): ☒ Proposed Regulation ☐ Final Regulation ☐ Final Omitted Regulation		☐ Emergency Certification Regulation; ☐ Certification by the Governor ☐ Certification by the Attorney General	
(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less) The purpose of this proposed rulemaking is to add Chapter 1350 to Title 55 Pa. Code to codify standards that a crisis intervention service provider must meet to be paid for providing behavioral health crisis intervention services (crisis intervention services) to eligible Medical Assistance (MA) recipients. Crisis intervention services are immediate, crisis-oriented services provided to an individual that are designed to ameliorate or resolve precipitating stress. The services are provided to adults, children, adolescents and their families. The services provide emergency response to crisis situations that threaten the well-being of the individual or others. Crisis intervention services include screening, assessment, intervention, counseling and disposition services.			
(8) State the statutory authority for the regulation. Include <u>specific</u> statutory citation. Section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)) and section 201(2) of the Human Services Code (62 P.S. § 201(2)). Section 201(2) of the Mental Health and Intellectual Disability Act of 1966 requires the Department to “make...and enforce all regulations necessary and appropriate to the proper accomplishment of the mental health and intellectual disability duties and functions imposed by this act.” It also requires the Department to consult with the Advisory Committee for Mental Health and Intellectual Disability when developing regulations relating to the provision of mental health and intellectual disability services. Because the Advisory Committee is no longer active, the Department consulted with the Mental Health Planning Council (MHPC) in			

the development of this proposed rulemaking. The MHPC advises the Department on issues related to mental health, substance abuse, behavioral health disorders and cross-system disability and participated in the stakeholder workgroup in reviewing this proposed rulemaking.

Section 201(2) of the Human Services Code, pertaining to state participation in cooperative Federal programs, provides that the “department shall have the power and its duties shall be:...to promulgate regulations, establish and enforce standards and to take such other measures as may be necessary to render the Commonwealth eligible for available Federal funds or other assistance.”

(9) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case or regulation as well as, any deadlines for action.

No Federal or State statute, regulation court order or court decision mandates the proposed rulemaking.

(10) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

The proposed regulation is needed to codify the standards for participation in the MA Program and the payment conditions for medically necessary crisis intervention services rendered to eligible MA recipients by licensed crisis intervention service providers. By codifying the conditions for payment for crisis intervention services, the proposed rulemaking benefits approximately 50,000 individuals receiving crisis intervention services. The proposed regulation will also benefit the 50 crisis intervention service licensees by providing clear and consistent standards for the payment of services under the MA Program for all modalities of crisis intervention services.

The proposed rulemaking will benefit children, youth and adults who receive emergency behavioral health services via any of the modalities of crisis intervention services by establishing payment requirements so licensed providers will be paid for services rendered. Being paid for services rendered will allow licensed crisis intervention service providers to continue to meet the safety and behavioral health needs of children, youth and adults who receive emergency behavioral health crisis intervention services.

(11) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

This proposed regulation is not more stringent than Federal standards.

(12) How does this regulation compare with those of the other states? How will this affect Pennsylvania's ability to compete with other states?

Payment standards vary across the states in accordance with each state's administrative processes for payment of crisis intervention services. The Department reviewed regulatory standards for payment for crisis intervention services issued by other commonwealths where service provision is county-led, such as Kentucky, Massachusetts, and Virginia. In addition, the Department reviewed neighboring states regulatory standards, including New York, Maryland, and Delaware. The proposed rulemaking is similar to the other states' requirements for payment of crisis intervention services.

Kentucky:

- 907 KAR 15:010 (relating to coverage provisions and requirements regarding behavioral health services provided by individual approved behavioral health practitioners, behavioral health provider groups, and behavioral health multi-specialty groups), Section 1. General Coverage Requirements, states:
 - For the department to reimburse for a service covered under this administrative regulation, the service shall: Be medically necessary; meet the coverage requirements established in Section 3 of this administrative regulation; and be provided to a recipient by a practitioner who is enrolled in the Kentucky Medicaid Program in accordance with 907 KAR 1:672.
- Kentucky's crisis payment regulatory standards are substantively similar to Pennsylvania's proposed regulation for payment of crisis intervention services. Both use the term "recipient," identify staff qualifications, and require payment for services that are medically necessary and billed by approved behavioral health practitioners and provider groups who are enrolled in their respective state's Medicaid program. For payment to be made, both states require there to be direct contact between a provider or practitioner and the individual receiving the service and that payment be made only for the actual time spent delivering a service. Kentucky and Pennsylvania both also prohibit payment for duplicative services. Additionally, Kentucky requires that services provided to individuals who are inmates of a federal, local, or state jail, detention center or prison not be covered. This is similar to Pennsylvania's requirements. Both states also require crisis intervention services to be provided by an approved behavioral health practitioner, or an approved behavioral health practitioner under supervision. In Kentucky, an "approved behavioral health practitioner" refers to licensed professionals including psychiatrists, psychologists (various levels), clinical social workers, professional clinical counselors, marriage and family therapists, and their associates/apprentices, as well as advanced practice registered nurses, physician assistants and physicians recognized by the state as able to provide mental health and substance use disorder services. These practitioners can provide assessments, diagnoses and treatments for emotional and behavioral conditions, ensuring care for a broad spectrum of wellness needs. Kentucky's staffing requirements are similar to the staffing requirements in this proposed rulemaking.
- <https://apps.legislature.ky.gov/law/kar/titles/907/015/>

Massachusetts:

- 130 CMR 448.000 (relating to community behavioral health center services), 448.404(A) Provider Eligibility, states:
 - A center is eligible to participate only if the center is: physically located within the Commonwealth of Massachusetts; enrolled as a Medicare provider; enrolled with the MassHealth agency as a billing provider as evidenced by the issuance of a Provider Identification and Service Location (PIDSL) number for the provision of community behavioral health center services; and is licensed by the Department of Public Health.

- Massachusetts' crisis payment regulatory standards are similar to Pennsylvania's proposed regulation for payment of crisis intervention services. Community Crisis Stabilization Services must be provided under the direction of a physician and employ a multidisciplinary team, including the following: clinical program director, psychopharmacology staff (psychiatrist or advanced practice registered nurse responsible for urgent psychopharmacology needs), nurse manager, and multidisciplinary staff. This is similar to Pennsylvania's requirements for payment for crisis intervention services. Under 130 CMR 418.413(B)(3) and (4), each Community Crisis Stabilization Service program must employ master's and bachelor's-level clinicians and staff sufficient to meet the needs of the individuals served, including conducting medical screening, ongoing monitoring and disposition determinations. Community Crisis Stabilization Service staff must include at least one certified peer specialist, or peer recovery coach, and at least one staff member per shift trained in CPR and one staff member per shift trained in the use of Naloxone in the event of overdose.
- Massachusetts has similar requirements to Pennsylvania for payment. Massachusetts can assess adverse actions for failing to comply with MassHealth enrollment, licensure or certification requirements. Adverse actions may include, but are not limited to, administrative fines, provider service restrictions, and suspension or termination from participation in MassHealth. Similar requirements in Pennsylvania can be found in 55 Pa. Code §1101.77 (relating to enforcement actions by the department).
- <https://www.mass.gov/lists/community-behavioral-health-center-cbhc-manual-for-masshealth-providers>

Virginia:

- Virginia's crisis payment regulatory standards are similar to Pennsylvania's proposed regulation for payment of crisis intervention services. Virginia requires that for crisis intervention service providers to be paid they must have current signed participation agreements with the Department of Medical Assistance Services and directly provide services. Providers must be licensed by the Department of Behavioral Health and Developmental Services. In Virginia, a Center-Based Crisis Support System is similar to a crisis stabilization unit in the proposed rulemaking in Pennsylvania. Center-Based Crisis Support Services are short-term, intensive mental health services for individuals at high risk of psychiatric hospitalization or placement loss, and provide a safe environment for stabilization through therapeutic interventions, skill-building and connection to ongoing community care. They differ from community-based (in-home) support by offering a centralized setting for those needing more than home-based help but less than inpatient care and often target individuals with histories of prior hospitalizations or severe behaviors. Center-Based Crisis Support Services must be provided by a licensed mental health professional, licensed mental health professional-supervisee, licensed mental health professional-resident, certified pre-screener, qualified mental health professional, qualified developmental disability professional, or, for skill-building and supervising the individual in crisis, a direct service provider under the supervision of one of the listed professionals. In Virginia, a licensed mental health professional broadly refers to individuals holding specific state licenses including a licensed professional counselor, licensed clinical social worker, licensed marriage and family therapist or psychiatrist, who are qualified to provide counseling and therapy, while qualified mental health professionals, especially qualified mental health professionals for adults and qualified mental health professionals for children, are registered personnel (e.g., nurses, social workers, counselors) who deliver specific mental health services under supervision, focusing on facilitating development, remediating disorders and helping with distress, as defined by Virginia regulations (18VAC115-80-10). Virginia's licensed mental health professional is similar to Pennsylvania's crisis intervention service licensed behavioral health professional. Licensed behavioral health professionals in Pennsylvania's proposed rulemaking also include licensed professional counselors, licensed clinical social workers and licensed marriage and family therapists.

- <https://law.lis.virginia.gov/admincode/title12/agency30/chapter122/section350/>

New York:

- Mobile Crisis services are available to all individuals, including Medicaid enrollees. The Mobile Crisis component of the Crisis Intervention State Plan Amendment includes response methods, corresponding activities and crisis intervention services. Each response method is eligible for reimbursement when a Mobile Crisis service component is delivered by qualified staff, either directly to the individual or their identified collaterals for the individual's benefit and recommended by a licensed practitioner of the healing arts. Mobile Crisis Services must be recommended by a licensed practitioner of the healing arts operating within their state license scope of practice, who may or may not be part of the Mobile Crisis program. This is similar to Pennsylvania's proposed regulation, which requires a licensed practitioner of the healing arts' recommendation for crisis services.
- The Mobile Crisis Component is paid through Medicaid reimbursement. The payment structure and billing is as follows:
 - Reimbursement rates: Medicaid Managed Care Plans are required to reimburse both participating and non-participating Mobile Crisis providers at the same state-mandated rates.
 - Only State-designated and Medicaid-enrolled Mobile Crisis service providers are eligible to bill Medicaid Managed Care. This is similar to Pennsylvania's requirements.
 - Providers can bill for services delivered during a qualifying behavioral health crisis intervention episode, as long as the services are recommended by a licensed practitioner of the healing arts and documented in the individual's chart. This is similar to Pennsylvania's requirements.
 - Services are billed daily (per diem) or in 15-minute increments, depending on the service type, duration, and practitioner qualifications (licensed, unlicensed, or qualified peer). This is similar to Pennsylvania's requirements.
 - Rate codes and procedure codes: Providers must use specific rate codes, procedure codes, and modifier combinations for billing. This is similar to Pennsylvania's requirements.
- For Crisis Residence services, only Crisis Residence providers licensed by the New York Office of Mental Health and enrolled in the Medicaid program are eligible to bill for Crisis Residence services provided to a Medicaid beneficiary. This is the same standard in Pennsylvania for crisis services to be paid. Crisis Residence providers may bill one per diem visit in a twenty-four-hour period. This is similar to Pennsylvania's requirements. Providers cannot bill on the date of discharge. To bill the per diem rate for Crisis Residence services, the individual must be at the residence overnight and utilize the single occupancy bedroom provided. Pennsylvania does not mandate that crisis stabilization units provide single-occupancy bedrooms; this is how Pennsylvania differs from New York. The costs for room and board are not included in the rate for Crisis Residential services, as these costs are not reimbursable by Medicaid.
- <https://omh.ny.gov/omhweb/bho/docs/mobile-crisis-benefit-and-billing-guidance.pdf>
- <https://omh.ny.gov/omhweb/bho/docs/crisis-residence-benefit-and-billing-guidance.pdf>

Maryland:

- Providers may not be reimbursed by the program for: (1) behavioral health crisis stabilization center services exceeding 23 hours 59 minutes; (2) presumptive and definitive drug testing when billed by a behavioral health crisis stabilization center; or (3) transportation costs. In Pennsylvania, the maximum stay in a crisis stabilization unit is 168 hours. An additional stay of up to 48 hours is authorized if recommended by a crisis intervention service licensed medical professional or crisis intervention service licensed behavioral health professional. Maryland's crisis stabilization center services are more similar to Pennsylvania's emergency behavioral health walk-in centers. Services provided in Pennsylvania's

emergency behavioral health walk-in centers may not exceed 23 hours. In addition, Pennsylvania is similar to Maryland in that it will not pay for presumptive and definitive drug testing when billed by a behavioral health crisis stabilization center or transportation costs.

- <https://regs.maryland.gov/us/md/exec/comar/10.63.03.20>

Delaware:

- Crisis intervention services are provided as part of a comprehensive, specialized psychiatric program available to all individuals served. Crisis intervention services must be medically necessary. The services must be recommended by a licensed practitioner such as a licensed behavioral health professional, advanced practice registered nurse, nurse practitioner or a physician who is acting within the scope of the physician's professional license and as applicable, state law, to promote the maximum reduction of symptoms and/or restoration of an individual to the individual's best age-appropriate functional level. This is similar to Pennsylvania's requirements. To provide Medicaid fee-for-service and Division of Substance Abuse and Mental Health-only funded services, a crisis program must have both a contract award from the Division of Substance Abuse and Mental Health and be currently enrolled as a provider with the Medicaid agency. Crisis programs must contract with Medicaid managed care organizations to receive Medicaid managed care reimbursement. Crisis services are reimbursed based on a Medicaid fee schedule and Division of Substance Abuse and Mental Health rates established by the State of Delaware. This is similar to Pennsylvania; Pennsylvania requires that crisis services be reimbursed based on a Medicaid fee schedule, and rates that are established by OMHSAS. The reimbursement methodology includes the following:
 - Medicaid fee schedule: Division of Substance Abuse and Mental Health pays for services not covered by Medicaid, such as room and board costs, which are excluded from the Medicaid fee schedule.
 - Fee development methodology: Rates are calculated based on staffing assumptions, wages, employee-related expenses, program-related expenses, provider overhead expenses and program billable units.
 - Specific billing codes: Crisis services are billed using Healthcare Common Procedure Coding System (HCPCS) codes, with rates specified for each code.
- The reimbursement methodology, including the fee development methodology, billing codes and provider requirements, is similar to Pennsylvania's methodology. While billing codes are not included in the Pennsylvania payment regulations, billing codes are released via bulletins.
- https://dhss.delaware.gov/wp-content/uploads/sites/12/2025/09/Adult-Reimbursement-Manual-July-2025_FINAL-2025-09-25.pdf

Pennsylvania does not compete with other states for the provision of crisis intervention services to MA recipients.

(13) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

The proposed regulation will not affect existing or proposed regulations of the Department or another state agency. However, in coordination with this proposed regulation, the Department is also codifying a new chapter relating to the licensure of crisis intervention services, Chapter 5250.

(14) Describe the communications with and solicitation of input from the public, any advisory council/group, small businesses and groups representing small businesses in the development and drafting of the regulation. List the specific persons and/or groups who were involved. (“Small business” is defined in Section 3 of the Regulatory Review Act, Act 76 of 2012.)

The Department convened a stakeholder workgroup session to ensure that all affected individuals and organizations had the opportunity to provide input into the proposed rulemaking. The stakeholder workgroup included 16 members. The workgroup held an online meeting on July 12, 2021. The workgroup provided recommendations for the proposed regulation.

The workgroup consisted of county mental health/intellectual disability (MH/ID) staff, advocates and three licensed providers. The Keystone National Alliance on Mental Illness (NAMI) also participated in the workgroup.

(15) Identify the types and number of persons, businesses, small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012) and organizations which will be affected by the regulation. How are they affected?

The proposed regulation will affect all licensed crisis intervention service providers. In State Fiscal Year 2021-2022, there were 50 enrolled provider legal entities, across 76 service locations. The proposed regulation is codifying existing payment conditions for providing crisis intervention services; therefore, there will be no change in payment for any licensee providing crisis intervention services.

Section 3 of the Regulatory Review Act (71 P.S. § 745.3) includes the following definition of “small business:” “As defined in accordance with the size standards described by the United States Small Business Administration's Small Business Size Regulations under 13 CFR Ch. 1 Part 121 (relating to Small Business Size Regulations) or its successor regulation.”

Based upon review of the Department’s paid claims data for Pennsylvania’s state fiscal year 2021-2022, 16 of the crisis intervention service provider agencies received MA reimbursement in excess of the North American Industry Classification System (NAICS) standards for a small business per the definition of “small business” found in 13 CFR § 121.201. The NAICS small business size standard for crisis intervention service providers is \$16.5M in annual receipts reported on the small business’s Internal Revenue Service tax return form. As such, based on MA paid claims data only, 16 crisis intervention service provider agencies are not small businesses because they exceed the NAICS standard.

A total of 34 crisis intervention service provider agencies received a combined \$182 million in MA payment for services in state FY 2021-2022. The Department does not have access to information on the total revenue generated by each crisis intervention service that is reported on its Internal Revenue Service tax return form. Therefore, based only upon the Department’s MA paid claims data, these 34 crisis intervention service facilities may be considered small businesses under Federal regulation.

Crisis intervention service providers will be affected by the codification of payment standards as proposed in the proposed regulation. Clear and consistent standards will help licensed providers be paid for rendering crisis intervention services. Recipients will benefit from the payment requirements as licensed crisis intervention service providers can continue to provide necessary services when they are reimbursed for providing those services.

Because the proposed rulemaking provides payment requirements, the proposed regulation will affect all providers of crisis intervention services, including small businesses equally. To participate in the MA Program, all providers will have to meet the proposed requirements of the new chapter.

(16) List the persons, groups or entities, including small businesses that will be required to comply with the regulation. Approximate the number that will be required to comply.

The proposed regulation will affect all licensed crisis intervention service providers, including the 34 that are considered small businesses. All crisis intervention service providers must comply with the regulation to be paid for providing crisis intervention services in the Commonwealth.

(17) Identify the financial, economic and social impact of the regulation on individuals, small businesses, businesses and labor communities and other public and private organizations. Evaluate the benefits expected as a result of the regulation.

As noted in the responses to #17, #19, and #21 of the RAF for the Department's proposed Licensure of Crisis Intervention Services (<https://www.irc.state.pa.us/docs/3460/AGENCY/3460PRO.pdf>), the proposed licensure regulation establishes new staffing qualifications, which are cross-referenced in this proposed MA payment regulation. Although this proposed regulation requires licensure as a condition for payment, including the proposed requirement for MA payment to be made to a licensed crisis intervention services provider, there is no duplicate or additional cost related to staffing qualifications. Specifically, the Department intends for both the licensure of crisis intervention services regulatory package and this crisis intervention services payment package to align with one another and not result in any additional costs.

Licensed crisis intervention service providers will benefit by the codification of payment standards as proposed in the proposed regulation. Clear and consistent standards will help licensed providers be paid for rendering crisis intervention services. MA recipients will benefit from the payment requirements as licensed crisis intervention service providers can continue to provide and be paid for services under the MA Program.

(18) Explain how the benefits of the regulation outweigh any cost and adverse effects.

Crisis intervention service providers will benefit from clear and consistent standards for payment under the MA Program. MA recipients will benefit from the payment requirements under the proposed rulemaking as licensed crisis intervention service providers can continue to provide necessary services.

(19) Provide a specific estimate of the costs and/or savings to the **regulated community** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

As noted above, the Department intends for both its licensure of crisis intervention services regulatory package and this crisis intervention services payment package to align with one another, with this complementary proposed rulemaking not resulting in any additional costs. As such, there are no additional costs and/or savings to the regulated community associated with compliance with this proposed rulemaking. There are also no new legal, accounting or consulting procedures that will be required.

(20) Provide a specific estimate of the costs and/or savings to the **local governments** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

As noted above, the Department intends for both its licensure of crisis intervention services regulatory package and this crisis intervention services payment package to align with one another, with this complementary proposed rulemaking not resulting in any additional costs. As such, there are no additional costs and/or savings to the local governments associated with compliance. There are also no legal, accounting or consulting procedures that will be required.

(21) Provide a specific estimate of the costs and/or savings to the **state government** associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

As noted above, the Department intends for both its licensure of crisis intervention services regulatory package and this crisis intervention services payment package to align with one another, with this complementary proposed rulemaking not resulting in any additional costs. Although the Department identified an impact in its response to #21 of the RAF for the Department's licensure of crisis intervention services proposed rulemaking <https://www.irrc.state.pa.us/docs/3460/AGENCY/3460PRO.pdf>, there is no duplicate or additional cost under this proposed rulemaking for meeting those same requirements. As such, there are no additional costs and/or savings to the State government associated with the implementation of the regulation. There are also no legal, accounting or consulting procedures that will be required.

(22) For each of the groups and entities identified in items (19)-(21) above, submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

The proposed regulations do not require any legal, accounting or consulting procedures and no additional reporting, recordkeeping or other paperwork.

(22a) Are forms required for implementation of the regulation?

Crisis intervention service providers who are not already enrolled in the MA Program and who wish to enroll in the MA Program will be required to complete the PROMISE enrollment process. The link to the Department's website for provider enrollment in PROMISE is provided below.

(22b) If forms are required for implementation of the regulation, **attach copies of the forms here.** If your agency uses electronic forms, provide links to each form or a detailed description of the information required to be reported. **Failure to attach forms, provide links, or provide a detailed description of the information to be reported will constitute a faulty delivery of the regulation.**

The electronic forms for MA enrollment, including instructions, are available at the following link:
<https://www.dhs.pa.gov/providers/Providers/Pages/PROMISE-Enrollment.aspx>.



(23) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year 2024-2025	FY +1 Year 2025-2026	FY +2 Year 2026-2027	FY +3 Year 2027-2028	FY +4 Year 2028-2029	FY +5 Year 2029-2030
SAVINGS:	\$	\$	\$	\$	\$	\$
Regulated Community	0	0	0	0	0	0
Local Government	0	0	0	0	0	0
State Government	0	0	0	0	0	0
Total Savings	0	0	0	0	0	0
COSTS:						
Regulated Community	\$0	\$0	\$0	\$0	\$0	\$0
Local Government	0	0	0	0	0	0
State Government	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	0	0	0	0	0	0
REVENUE LOSSES:						
Regulated Community	0	0	0	0	0	0
Local Government	0	0	0	0	0	0
State Government	\$0	\$0	\$0	\$0	\$0	\$0
Total Revenue Losses	0	0	0	0	0	0

(23a) Provide the past three-year expenditure history for programs affected by the regulation.

Program	FY -3 2022-2023	FY -2 2023-2024	FY -1 2024-2025	Current FY 2025-2026
MA Capitation	\$3,418,498,000	\$3,594,065,000	\$3,628,892,000	\$4,288,678,000
MA Fee-for- Service	\$589,137,000	\$697,354,000	\$686,639,000	\$646,769,000

(24) For any regulation that may have an adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), provide an economic impact statement that includes the following:

(a) An identification and estimate of the number of small businesses subject to the regulation.

- As noted in response to question #15, there are approximately 34 crisis intervention service providers enrolled in the MA Program that may be considered small businesses that are subject to this regulation.

(b) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record.

- The proposed regulation codifies existing payment processes. There are no new reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record. Crisis intervention service providers who are not already enrolled in the MA Program and who wish to enroll in the MA Program will be required to complete the PROMISE enrollment process. The link to the Department's website for provider enrollment in PROMISE is:
<https://www.dhs.pa.gov/providers/Providers/Pages/PROMISE-Enrollment.aspx>.

(c) A statement of probable effect on impacted small businesses.

- Due to the proposed regulation being payment requirements, the proposed regulation affects all businesses equally, including the 34 crisis intervention service agencies that may be considered small businesses.

(d) A description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation.

- There are no less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation. The proposed regulation is written in order to be in compliance with Federal Medicaid requirements. To participate in the MA Program, all providers will have to meet the proposed payment requirements of the new chapter.

(25) List any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, the elderly, small businesses, and farmers.

The proposed regulation applies to all providers who offer crisis intervention services to all MA recipients. There are no payment provisions specifically developed for minorities, elderly, small businesses or farmers.

(26) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

The proposed regulation codifies the minimum standards for the payment of behavioral health crisis intervention services in this Commonwealth. No alternative regulatory provisions were identified; this is the least burdensome acceptable alternative. The regulation is written in order to be in compliance with Federal Medicaid requirements. To participate in the MA Program, all providers will have to meet the proposed requirements of the new chapter.

(27) In conducting a regulatory flexibility analysis, explain whether regulatory methods were considered that will minimize any adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), including:

- a) The establishment of less stringent compliance or reporting requirements for small businesses;
 - The proposed regulation includes the minimum standards for payment of crisis intervention services under the MA Program. Therefore, exempting small businesses from specific provisions or establishing less stringent compliance or reporting requirements within the regulations was not considered.
- b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
 - The proposed regulation includes the minimum standards for payment of crisis intervention services under the MA Program. Therefore, exempting small businesses from specific provisions or establishing less stringent schedules or deadlines for compliance or reporting requirements within the regulations was not considered.
- c) The consolidation or simplification of compliance or reporting requirements for small businesses;
 - The proposed regulation includes the minimum standards for payment of crisis intervention services under the MA Program. Therefore, exempting small businesses from specific provisions or the consolidation or simplification of compliance or reporting requirements for small businesses within the regulations was not considered.
- d) The establishment of performance standards for small businesses to replace design or operational standards required in the regulation; and
 - The proposed regulation includes the minimum standards for payment of crisis intervention services under the MA Program. Therefore, exempting small businesses from specific provisions or establishing performance standards for small businesses to replace design or operational standards required within the regulations was not considered.

e) The exemption of small businesses from all or any part of the requirements contained in the regulation.

- The proposed regulation includes the minimum standards for payment of crisis intervention services under the MA Program. Therefore, exempting small businesses from all or any part of the requirements within the regulations was not considered.

The proposed regulation codifies existing payment processes. There are no new reporting, recordkeeping and other payment requirements required for compliance with the proposed regulation. Crisis intervention service providers who are not already enrolled in the MA Program and who wish to enroll in the MA Program will be required to complete the PROMISE enrollment process. The link to the Department's website for provider enrollment in PROMISE is

<https://www.dhs.pa.gov/providers/Providers/Pages/PROMISE-Enrollment.aspx>.

(28) If data is the basis for this regulation, please provide a description of the data, explain in detail how the data was obtained, and how it meets the acceptability standard for empirical, replicable and testable data that is supported by documentation, statistics, reports, studies or research. Please submit data or supporting materials with the regulatory package. If the material exceeds 50 pages, please provide it in a searchable electronic format or provide a list of citations and internet links that, where possible, can be accessed in a searchable format in lieu of the actual material. If other data was considered but not used, please explain why that data was determined not to be acceptable.

Data is not the basis for this regulation; the proposed regulation codifies existing payment processes.

(29) Include a schedule for review of the regulation including:

A. The length of the public comment period: 30 days after publication of the proposed regulation.

B. The date or dates on which any public meetings or hearings will be held:

No public meetings or hearings will be held.

C. The expected date of delivery of the final-form regulation:

April 2027.

D. The expected effective date of the final-form regulation:

180 days after publication in the *Pennsylvania Bulletin*.

E. The expected date by which compliance with the final-form regulation will be required:

180 days after publication in the *Pennsylvania Bulletin*.

F. The expected date by which required permits, licenses or other approvals must be obtained:

180 days after publication in the *Pennsylvania Bulletin*.

(30) Describe the plan developed for evaluating the continuing effectiveness of the regulations after its implementation.

The Department will review the regulations on an ongoing basis to ensure compliance with Federal and State law and to assess the appropriateness and effectiveness of the regulation. If needed, the Department will meet with stakeholder organizations, OMHSAS Mental Health Planning Council, provider organizations and advocacy agencies for crisis intervention services. The Department will research and address any issues identified as needed.

CDL-1

**FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU**

(Pursuant to Commonwealth Documents Law)

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Independent Regulatory
Review Commission

October 8, 2026

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as to form and legality.
Attorney General

By: Amy M. Elliott
(Deputy Attorney General)

9/28/2026

Date of Approval

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DEPARTMENT OF HUMAN SERVICES

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LEGAL COUNSEL: Heber Eckenwald Roux

DOCUMENT/FISCAL NOTE NO. 14-560

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TITLE: SECRETARY OF HUMAN SERVICES
(Executive Officer, Chairman or Secretary)

Copy below is hereby approved as
to form and legality. Executive or
Independent Agencies.

BY: Cynthia K. Montez

6/30/2026

Date of Approval

(Deputy General Counsel)
~~(Chief Counsel, Independent~~
~~= Agency)~~
(Strike inapplicable title)

☐ Check if applicable. No Attorney
General approval or objection
within 30 days after submission.

NOTICE OF PROPOSED RULEMAKING

DEPARTMENT OF HUMAN SERVICES

OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

[55 Pa. Code Chapter 1350. Crisis Intervention Services Payment]

Crisis Intervention Services Payment

Statutory Authority

Notice is hereby given that the Department of Human Services (department) under the authority of section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)) and section 201(2) of the Human Services Code (62 P.S. § 201(2)), proposes to adopt the regulation set forth in Annex A.

Section 201(2) of the Mental Health and Intellectual Disability Act of 1966 requires the department to “make...and enforce all regulations necessary and appropriate to the proper accomplishment of the mental health and intellectual disability duties and functions imposed by this act.” It also requires the department to consult with the Advisory Committee for Mental Health and Intellectual Disability when developing regulations relating to the provision of mental health and intellectual disability services. Because that advisory committee is no longer active, the Department consulted with the Mental Health Planning Council (MHPC) in the development of this proposed rulemaking. The MHPC advises the Department on issues related to mental health, substance abuse, behavioral health disorders and cross-system disability and participated in the stakeholder workgroup in reviewing this proposed rulemaking.

Section 201(2) of the Human Services Code, pertaining to state participation in cooperative Federal programs, provides that the “department shall have the power and its duties shall be:...to promulgate regulations, establish and enforce standards and to take such other measures as may be necessary to render the Commonwealth eligible for available Federal funds or other assistance.”

Purpose of Rulemaking

The purpose of the proposed rulemaking is to codify the minimum standards for participation in the Medical Assistance (MA) Program and payment conditions for medically

necessary emergency behavioral health crisis intervention services (crisis intervention services) rendered to eligible MA recipients by licensed crisis intervention service providers.

Background

The effective delivery of crisis intervention services to individuals with behavioral health conditions is one of the most important functions of the behavioral health system in this Commonwealth. Crisis intervention services are immediate, crisis-oriented services designed to ameliorate or resolve precipitating stress and are provided to individuals and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships. Crisis intervention services include screening, assessment, intervention, counseling and disposition services. Crisis intervention services provide emergency responses to behavioral health crisis situations that threaten the well-being of the individual or others. Payment for providing crisis intervention services enables licensed crisis intervention service providers to continue delivering these essential services.

In this Commonwealth, there are currently five modalities of crisis intervention services, including Crisis Call Centers, Mobile Crisis Teams, Medical Mobile Crisis Teams, Emergency Behavioral Health Crisis Walk-In Centers and Crisis Stabilization Units.

In addition to this proposed rulemaking relating to payment for crisis intervention services, the Department will also submit a State Plan Amendment to the Centers for Medicare and Medicaid Services under Title XIX of the Social Security Act (42 U.S.C. §§ 1396—1396x-9), aligning the rulemaking with the Medicaid State Plan.

Requirements

Proposed Chapter 1350 (relating to crisis intervention services payment) contains the MA payment conditions for crisis intervention services. The following is a summary of the major provisions of the proposed rulemaking.

Chapter 1350. Crisis Intervention Services Payment.

Subchapter A. General Provisions – §§ 1350.1 - 1350.3.

Policy (§ 1350.1). The proposed rulemaking establishes the requirements for MA payment for covered crisis intervention services provided to eligible MA recipients by crisis intervention service providers.

Definitions (§ 1350.2). The proposed rulemaking defines the following terms used in the chapter: “behavioral health facility,” “county administrator,” “crisis intervention service behavioral health professional,” “crisis intervention service crisis worker,” “crisis intervention service licensed behavioral health professional,” “crisis intervention service licensed medical professional,” “crisis intervention service provider,” “crisis intervention services,” “family,” and “licensed practitioner of the healing arts (LPHA).”

Scope of benefits (§ 1350.3). The proposed rulemaking establishes that MA recipients are eligible to receive medically necessary covered crisis intervention services.

Subchapter B. Provider Participation – §§ 1350.11 - 1350.12.

Participation requirements (§ 1350.11). The proposed rulemaking establishes the requirements for crisis intervention service providers to participate in the MA program. This includes being licensed as a crisis intervention services provider in accordance with Chapters 20 and 5250 (relating to licensure or approval of facilities and agencies; and crisis intervention

services), having a written provider agreement with the department, and being enrolled as a provider in the MA Program.

Ongoing responsibilities of providers (§ 1350.12). Under the proposed rulemaking, crisis intervention services providers shall meet the ongoing responsibilities of providers under Chapters 1101 and 5250 (relating to general provisions; and crisis intervention services). In addition, the proposed rulemaking establishes that crisis intervention service providers must comply with requirements for recordkeeping, record retention and disposal found in §§ 1101.51(e), 5250.52, 5250.53 and 5250.54.

Subchapter C. Payment for Crisis Intervention Services – §§ 1350.21 - 1350.24.

General payment (§ 1350.21). The proposed rulemaking establishes that payment is made to a licensed crisis intervention services provider for medically necessary crisis intervention services provided by one of the following: a crisis intervention service licensed medical professional; a crisis intervention service licensed behavioral health professional; a crisis intervention service behavioral health professional; or a crisis intervention service crisis worker.

Under the proposed rulemaking, payment will not be made for a compensable crisis intervention service if payment is available through a third party. In addition, crisis intervention services are excluded from MA copayment charges; crisis intervention services and emergency or other treatment services are compensable on the same day. Payment for mobile crisis team services and medical mobile crisis team services will be made only for time spent in direct contact with an MA recipient in crisis or direct contact with the recipient's family while the recipient is in crisis. Within the context of crisis intervention services, direct contact is the direct interaction between a staff member and the individual receiving services. Direct contact is not

limited to in-person, physical interaction and may include telephone or other real-time communication modalities, such as audio-video telehealth platforms, when those modalities are used to deliver covered crisis services.

Finally, payment will be made for crisis intervention services if the services are recommended by an LPHA either before services are delivered or within 5 business days after delivery of services.

Performance and supervision of services (§ 1350.22). The proposed rulemaking establishes the requirement that for crisis intervention services to be eligible for payment, a crisis intervention service licensed medical professional or crisis intervention service licensed behavioral health professional shall perform or supervise the performance of all covered crisis intervention services provided to MA recipients by the crisis intervention service provider in accordance with Chapter 5250.

Types of services covered (§ 1350.23). The proposed rulemaking establishes that the MA Program's coverage for crisis intervention services is limited to the following service components: screening, assessment, intervention, counseling and disposition services.

Noncompensable services (§ 1350.24). The proposed rulemaking codifies that payment will not be made for MA-covered crisis intervention services provided to inmates of State or county correctional institutions or committed residents of public institutions because such payment is not permitted by 42 CFR 435.1009(a)(1) (relating to institutionalized individuals).

Crisis intervention services provided in a medical institution as defined in 42 CFR 435.1010 (relating to definitions relating to institutional status), other than skilled nursing facilities, are also noncompensable. Federal regulation defines "Medical institution" as follows:

“[A]n institution that—

- (a) Is organized to provide medical care, including nursing and convalescent care;
- (b) Has the necessary professional personnel, equipment, and facilities to manage the medical, nursing, and other health needs of patients on a continuing basis in accordance with accepted standards;
- (c) Is authorized under State law to provide medical care; and
- (d) Is staffed by professional personnel who are responsible to the institution for professional medical and nursing services. The services must include adequate and continual medical care and supervision by a physician; registered nurse or licensed practical nurse supervision and services and nurses' aid services, sufficient to meet nursing care needs; and a physician's guidance on the professional aspects of operating the institution.”

See 42 CFR 435.1010.

As such, medical institutions include, but are not limited to, drug and alcohol rehabilitation hospitals, drug and alcohol rehabilitation units in a hospital, and general hospitals licensed under 28 Pa. Code Part V (relating to drug and alcohol programs) and private psychiatric hospitals licensed under Chapter 5300 (relating to private psychiatric hospitals).

Payment will also not be made for crisis intervention services provided at a behavioral health facility that operates 24 hours a day, 7 days a week, 365 days per year with staffing requirements that meet or exceed the requirements in § 5250.31 (relating to minimum staffing credentials), regardless of where or to whom they are provided. Behavioral health facilities that operate 24/7/365 include drug and alcohol non-hospital residential medically monitored facilities, drug and alcohol medically monitored detoxification facilities, drug and alcohol non-

hospital residential clinically managed facilities, long-term structured residences, psychiatric residential treatment facilities and residential treatment facilities for adults. Drug and alcohol non-hospital residential medically monitored facilities, drug and alcohol medically monitored detoxification facilities, and drug and alcohol non-hospital residential clinically managed facilities are licensed by the Department of Drug and Alcohol Programs (DDAP) under 28 Pa.Code, Part V (relating to department of drug and alcohol programs). Long-term structured residences are licensed by the department under Chapter 5320 (relating to requirements for long-term structured residence licensure), residential treatment facilities are licensed by the department under Chapter 3800 (relating to child residential and day treatment facilities), and residential treatment facilities for adults are licensed generally under Chapter 20. Payment may be made for crisis intervention services provided at facilities that operate 24/7/365, including crisis intervention services provided at facilities that provide residential services or other non-behavioral health services to MA recipients with behavioral health needs, if the facility is not a behavioral health facility, and does not have staff that meet or exceed the minimum staffing credential regulations at Chapter 5250.

Finally, payment will not be made for crisis intervention services provided to an MA recipient at a partial hospitalization program licensed by the department under Chapter 5210 (relating to partial hospitalization) or a partial hospitalization program licensed by DDAP under 28 Pa. Code Part V.

Payment will not be made for crisis intervention services that are billed as part of another MA-related service. Payment will also not be made for crisis stabilization unit services provided beyond 168 hours, without a recommendation by an LPHA and, if services are paid for in the Medicaid Fee-for-Service delivery system both a recommendation by an LPHA and approval by the county administrator are required for payment. In addition, more than four follow-up calls to

the MA recipient after the date of initial crisis intervention service delivery, and follow-up calls made to the MA recipient beyond 30 days after the date of initial crisis intervention service delivery are also not covered. Additionally, covered services that have not been rendered are also not eligible for payment, as well as services not specifically listed in the MA Program Fee Schedule.

Section 1350.24(6)(B) proposes a requirement that the county administrator approve crisis stabilization unit services beyond 168 hours for services paid through the MA Fee-for-Service delivery system. Under the MA Fee-for-Service delivery system, counties are responsible for funding the non-federal share of MA crisis services. Because counties are financially responsible for a portion of these services, the department is proposing the requirement for county administrator approval for crisis stabilization unit stays extending beyond 168 hours to ensure appropriate utilization review and fiscal accountability.

Subchapter D. Utilization Review and Administrative Sanctions – §§ 1350.31 - 1350.32.

Scope of claims review procedures (§ 1350.31). The proposed rulemaking includes the requirement that claims submitted for payment under the MA Program are subject to the utilization review procedures established in Chapter 1101.

Provider misutilization (§ 1350.32). The proposed rulemaking includes the requirement that crisis intervention service providers who have been determined to have billed for services inconsistent with MA Program requirements, to have provided services outside the standards or scope of practice, or to have otherwise violated the standards set forth in the MA provider agreement are subject to the sanctions described in Chapter 1101.

Affected Individuals and Organizations

The proposed rulemaking will benefit individuals, including adults, youth, and children who receive emergency behavioral health services via any of the modalities of crisis intervention services by establishing payment requirements so licensed providers will be paid for services rendered. Being paid for services rendered will allow licensed crisis intervention service providers to continue to meet the safety and behavioral health needs of children, youth, and adults who receive emergency behavioral health crisis intervention services.

As of June 5, 2023, there were 50 enrolled provider legal entities that provide crisis intervention services across this Commonwealth. Both current and new providers of crisis intervention services will also be affected by the proposed rulemaking because it establishes clear and consistent standards for licensed providers to participate in the MA program and to be paid for crisis intervention services.

The Department convened a stakeholder workgroup session to ensure that all affected recipients and organizations had the opportunity to provide input into the proposed rulemaking. The stakeholder workgroup included 16 members. The workgroup held an online meeting on July 12, 2021. The workgroup provided recommendations for the proposed rulemaking. The workgroup consisted of county mental health/intellectual disability (MH/ID) staff, advocates, and three licensed providers. The Keystone National Alliance on Mental Illness (NAMI) is an organization that also participated in the workgroup. While the workgroup concluded in 2021, the Department has continued to engage stakeholders on a regular basis concerning the development of crisis intervention services.

The Department appreciates the work group members' expertise, time, and commitment to the drafting process, and the helpful comments provided to guide the drafting process. The Department anticipates re-convening the workgroup after the public comment period

Accomplishments and Benefits

The proposed rulemaking establishes the minimum standards for participation in the MA Program and the payment conditions for medically necessary crisis intervention services. Crisis intervention service providers will benefit from clear and consistent standards for payment under the MA Program. MA recipients will benefit from the payment requirements under the proposed rulemaking, as licensed crisis intervention service providers can continue to provide necessary services.

Fiscal Impact

There is no anticipated fiscal impact of the proposed rulemaking on MA recipients, licensees, small businesses, businesses and labor communities, and other public and private organizations. The proposed rulemaking is not making changes to the payment conditions; it is merely codifying the requirements.

Paperwork Requirements

The proposed rulemaking does not require any additional paperwork. Licensed crisis intervention service providers will continue to use the same mechanisms to obtain payment. The proposed rulemaking codifies current payment standards.

Effective Date

This proposed rulemaking will be effective 180 calendar days after final-form publication in the *Pennsylvania Bulletin*.

Public Comment

Interested persons are invited to submit written comments, suggestions, or objections regarding the proposed rulemaking to the Department at the following address: *Office of Mental Health and Substance Abuse Services (OMHSAS), Bureau of Policy, Planning, and Program Development (BPPPD), Commonwealth Tower, 303 Walnut Street, 11th Floor, Harrisburg, PA. 17105* and RA-PWCRISISRVSRSGS@pa.gov, within 30 calendar days after the date of publication of this proposed rulemaking in the *Pennsylvania Bulletin*. Reference Regulation **No. 14-560** when submitting comments.

Persons with a disability who require an auxiliary aid or service may submit comments by using the Pennsylvania Hamilton Relay Service at (800) 654-5984 (TDD users) or (800) 654-5988 (voice users).

Regulatory Review Act

Under § 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on October 8, 2026, the Department submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis Form to the Independent Regulatory Review Commission (IRRC) and to the chairperson of the Committee on Human Services of the House of Representatives and the Committee on Health and Human Services of the Senate. A copy of this material is available to the public upon request.

Under § 5(g) of the Regulatory Review Act, IRRRC may convey comments, recommendations, or objections to the proposed rulemaking within 30 days of the close of the public comment period. The comments, recommendations or objections must specify the regulatory review criteria in section 5.2 of the Regulatory Review Act (71 P.S. § 745.5b) that have not been met. The Regulatory Review Act specifies detailed procedures for review prior to final publication of the rulemaking by the Department, the General Assembly, and the Governor.

ANNEX A
TITLE 55. HUMAN SERVICES
PART III. MEDICAL ASSISTANCE MANUAL
CHAPTER 1350. CRISIS INTERVENTION SERVICES PAYMENT

Subchapter A. GENERAL PROVISIONS

§ 1350.1. Policy.

§ 1350.2. Definitions.

§ 1350.3. Scope of benefits.

Subchapter B. PROVIDER PARTICIPATION

§ 1350.11. Participation requirements.

§ 1350.12. Ongoing responsibilities of providers.

Subchapter C. PAYMENT FOR CRISIS INTERVENTION SERVICES

§ 1350.21. General payment.

§ 1350.22. Performance and supervision of services.

§ 1350.23. Types of services covered.

§ 1350.24. Noncompensable services.

Subchapter D. UTILIZATION REVIEW AND ADMINISTRATIVE SANCTIONS

§ 1350.31. Scope of claims review procedures.

§ 1350.32. Provider misutilization.

Subchapter A. GENERAL PROVISIONS

§ 1350.1. Policy.

- (a) The MA Program provides payment for medically necessary crisis intervention services rendered to eligible recipients by licensed crisis intervention service providers enrolled in the MA Program.
- (b) Payment for crisis intervention services is subject to the provisions of this chapter, Chapter 1101 (relating to general provisions), the limitations established in Chapter 1150 (relating to MA program payment policies) and the MA Program Fee Schedule.

§ 1350.2. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

Behavioral health facility—The term includes the following:

- (i) A facility that is licensed to provide residential or inpatient substance use disorder treatment services by the Department of Drug and Alcohol Programs under 55 Pa. Code Chapters 709-711.
- (ii) The following facilities licensed by the department under Articles IX and X of the Human Services Code (62 P.S. §§ 901-922 and 1001-1088):
 - (A) A long-term structured residence.
 - (B) A psychiatric residential treatment facility.
 - (C) A residential treatment facility for adults.

County administrator—The person appointed to carry out the duties specified in section 305 of the Mental Health and Intellectual Disabilities Act of 1966 (50 P. S. § 4305).

Crisis intervention service behavioral health professional — An individual who meets the requirements in § 5250.31(c) (relating to minimum staffing credentials), pertaining to minimum credentials for a crisis intervention service behavioral health professional.

Crisis intervention service crisis worker — An individual who meets the requirements in § 5250.31(d), pertaining to minimum credentials for a crisis intervention service crisis worker.

Crisis intervention service licensed behavioral health professional — An individual who meets the requirements in § 5250.31(b), pertaining to minimum credentials for a crisis intervention service licensed behavioral health professional.

Crisis intervention service licensed medical professional — An individual who meets the requirements in § 5250.31(a), pertaining to minimum credentials for a crisis intervention service licensed medical professional.

Crisis intervention service provider — An entity licensed by the department that is responsible for the day-to-day operation and management of crisis intervention services. .

Crisis intervention services —

A service array that includes immediate, crisis-oriented services provided to an individual who exhibits an acute problem of disturbed thought, behavior, mood, or social relationships, and the individual's family. Crisis intervention services include screening, assessment, intervention, counseling, and disposition services. The five modalities of crisis intervention services under this chapter are: crisis call centers, mobile crisis teams, medical mobile crisis teams, emergency behavioral health crisis walk-in centers and crisis stabilization units.

Family – The people that the individual identifies as family members, including, but not limited to, blood relatives, legal guardians or other natural supports. The people identified as family may change over time.

LPHA—Licensed practitioner of the healing arts—A person who is licensed by the Commonwealth to practice the healing arts, or who holds a privilege to practice in the Commonwealth under an applicable compact act. In this chapter, the term is limited to a physician, physician assistant, certified registered nurse practitioner, licensed clinical social worker, licensed marriage and family therapist, licensed professional counselor or psychologist.

§ 1350.3. Scope of benefits.

An MA recipient is eligible to receive medically necessary covered crisis intervention services.

Subchapter B. PROVIDER PARTICIPATION

§ 1350.11. Participation requirements.

In addition to the participation requirements established in Chapter 1101 (relating to general provisions), a crisis intervention service provider shall meet the following requirements to participate in the MA Program:

- (1) Be licensed as a crisis intervention service provider in accordance with Chapters 20 and 5250 (relating to licensure or approval of facilities and agencies; and crisis intervention services).
- (2) Enter into a written provider agreement with the department.
- (3) Be enrolled in the MA Program by the department.

§ 1350.12. Ongoing responsibilities of providers.

- (a) Crisis intervention service providers shall meet the ongoing responsibilities requirements under Chapters 1101 and 5250 (relating to general provisions; and crisis intervention services).
- (b) Crisis intervention service providers shall meet the recordkeeping, record retention and disposal requirements under §§ 1101.51(e), 5250.52, 5250.53 and 5250.54 .

Subchapter C. PAYMENT FOR CRISIS INTERVENTION SERVICES

§ 1350.21. General payment.

- (a) Payment is made to a licensed crisis intervention services provider for medically necessary crisis intervention services provided by one of the following:
- (1) A crisis intervention service licensed medical professional.
 - (2) A crisis intervention service licensed behavioral health professional.
 - (3) A crisis intervention service behavioral health professional.
 - (4) A crisis intervention service crisis worker.
- (b) Payment will not be made for a compensable crisis intervention service if payment is available through a third party. Providers shall comply with § 1101.64 (relating to third-party medical resources (TPR)).
- (c) Crisis intervention services are excluded from MA copayment requirements in accordance with § 1101.63 (relating to payment in full) because they are provided in an emergency situation.
- (d) Payment will be made for crisis intervention services and emergency or other treatment services provided on the same day.
- (e) Payment for mobile crisis team services and medical mobile crisis team services will be made only for time spent in direct contact with a recipient in crisis or direct contact with the recipient's family while the recipient is in crisis.
- (f) Payment will be made for crisis intervention services if the services are recommended by an LPHA either before services are delivered or within 5 business days after delivery of services.

§ 1350.22. Performance and supervision of services.

For crisis intervention services to be eligible for payment, a crisis intervention service licensed

medical professional or a crisis intervention service licensed behavioral health professional shall perform or supervise the performance of all covered crisis intervention services provided to an MA recipient by the crisis intervention service provider in accordance with Chapter 5250 (relating to crisis intervention services).

§ 1350.23. Types of services covered.

Payment for crisis intervention services is limited to the following service components:

- (a) Screening. Screening is a formal process to determine whether a behavioral health crisis or emergency may exist by gathering initial information on the current situation and the MA recipient involved to formulate the level of response needed.
- (b) Assessment. Assessment is a formal process to evaluate an MA recipient's safety risk and the dangerousness of the crisis situation.
- (c) Intervention. Intervention is an intensive, short-term behavioral health service initiated during an identified crisis situation.
- (d) Counseling. Counseling is a series of strategies to address the crisis situation and mitigate distress.
- (e) Disposition services. Disposition services are assistance in connecting an MA recipient in crisis with appropriate resources, including formal and informal support systems.

§ 1350.24. Noncompensable services.

Payment will not be made to a crisis intervention service provider for the following types of services, regardless of where or to whom they are provided:

- (1) MA-covered crisis intervention services provided to a committed resident of a public institution as set forth in 42 CFR 435.1009(a)(1) (relating to institutionalized individuals), including an inmate of a State or county correctional institution.

- (2) Crisis intervention services provided to a resident of a medical institution as defined in 42 CFR 435.1010 (relating to definitions relating to institutional status), other than skilled nursing facilities.
- (3) Crisis intervention services provided to a resident of a behavioral health facility that operates 24 hours a day, 7 days a week, 365 days a year, with staffing requirements that meet or exceed the requirements in § 5250.31 (relating to minimum staffing credentials).
- (4) Crisis intervention services provided to an MA recipient at a partial hospitalization program licensed in accordance with Chapter 5210 (relating to partial hospitalization) or a partial hospitalization program licensed by the Department of Drug and Alcohol Programs in accordance with 28 Pa. Code Chapter 704 (relating to staffing requirements for drug and alcohol treatment activities).
- (5) Crisis intervention services that are billed as part of another MA-related service.
- (6) Crisis stabilization unit services provided beyond 168 hours, without both of the following, as applicable:
 - (A) A recommendation by an LPHA.
 - (B) For services paid for under the MA Fee-for-Service delivery system, approval by the applicable county administrator.
- (7) More than four follow-up calls to the MA recipient after the date of initial crisis intervention service delivery.
- (8) Follow-up calls made to the MA recipient beyond 30 days after the date of initial crisis intervention service delivery.
- (9) Covered services that have not been rendered.
- (10) Services not listed in the MA Program Fee Schedule.

Subchapter D. UTILIZATION REVIEW AND ADMINISTRATIVE SANCTIONS

§ 1350.31. Scope of claims review procedures.

Claims for crisis intervention services submitted for payment under the MA Program are subject to the utilization review procedures established under Chapter 1101 (relating to general provisions).

§ 1350.32. Provider misutilization.

Crisis intervention service providers are subject to the sanctions under Chapter 1101 (relating to general provisions) for any of the following:

- (1) The billing of services inconsistent with MA Program requirements.
- (2) The provision of services outside the standards or scope of practice.
- (3) Violations of the MA provider agreement.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES

October 8, 2026

Mr. David Sumner, Executive Director
Independent Regulatory Review Commission
555 Walnut Street, Suite 804
Harrisburg, Pennsylvania 17120

Dear Executive Director Sumner,

Enclosed is a proposed regulation that codifies the minimum standards for participation in the Medical Assistance (MA) Program and payment conditions for medically necessary emergency behavioral health crisis intervention services (crisis intervention services) rendered to eligible MA beneficiaries by licensed crisis intervention service providers. The services provide an emergency response to crisis situations that threaten the well-being of the individual or others. Crisis intervention services include the intervention, assessment, counseling, screening, and disposition of services that are commonly considered appropriate to the provision of crisis intervention services.

This proposed regulation, which amends the **Pennsylvania Code**, Title 55, adds Chapter 1350 (relating to crisis intervention services payment), and is submitted for review pursuant to the Regulatory Review Act.

The Department of Human Services will provide the Commission with any assistance required to facilitate a thorough review of this proposal.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Val Arkoosh'.

Valerie A. Arkoosh, MD, MPH
Secretary of Human Services

Enclosure

OFFICE OF THE SECRETARY

From: [Burnett, David](#)
To: [Curley, Maeve](#)
Subject: RE: #14-560 - Proposed Rulemaking of the Department of Human Services - Crisis Intervention Services Payment
Date: Thursday, October 8, 2026 9:41:16 AM
Attachments: [image001.jpg](#)

Received, thanks Meave.

David Burnett

*Counsel and Executive Director
Senate Health & Human Services Committee
Harrisburg, PA 17120*

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Independent Regulatory
Review Commission

October 8, 2026

From: Curley, Maeve <macurley@pa.gov>
Sent: Thursday, October 8, 2026 9:34 AM
To: Burnett, David <dburnett@pasen.gov>
Subject: #14-560 - Proposed Rulemaking of the Department of Human Services - Crisis Intervention Services Payment
Importance: High

ⓘ CAUTION : External Email ⓘ

This Message Is From an External Sender

This message came from outside your organization.

Good morning,

DHS is submitting Reg. No. 14-560, Crisis Intervention Services Payment (Proposed) to the Senate Health and Human Services Committee, the House Human Services Committee, and LRB.

Please provide written (email) confirmation that this rulemaking was received.

Best,
Maeve



Maeve Curley

Pronouns: She/Her
Regulatory Coordinator
PA Department of Human Services | Office of Policy Development
macurley@pa.gov
<https://www.dhs.pa.gov>

From: [Freeman, Clarissa](#)
To: [Curley, Maeve](#)
Subject: RE: #14-560 - Proposed Rulemaking of the Department of Human Services - Crisis Intervention Services Payment
Date: Thursday, October 8, 2026 9:35:54 AM
Attachments: [image001.jpg](#)

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Good morning,

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Received.

October 8, 2026

Thank you,

Clarissa L. Freeman
Deputy Chief Counsel | Senate Democratic Caucus
Executive Director-Health and Human Services Committee
717-783-1220

From: Curley, Maeve <macurley@pa.gov>
Sent: Thursday, October 8, 2026 9:34 AM
To: Freeman, Clarissa <clarissa.freeman@pasenate.com>
Subject: #14-560 - Proposed Rulemaking of the Department of Human Services - Crisis Intervention Services Payment
Importance: High

■ EXTERNAL EMAIL ■

Good morning,

DHS is submitting Reg. No. 14-560, Crisis Intervention Services Payment (Proposed) to the Senate Health and Human Services Committee, the House Human Services Committee, and LRB.

Please provide written (email) confirmation that this rulemaking was received.

-

Best,
Maeve



Maeve Curley
Pronouns: She/Her
Regulatory Coordinator
PA Department of Human Services | Office of Policy Development
macurley@pa.gov
<https://www.dhs.pa.gov>

From: [Annmarie Robey](#)
To: [Curley, Maeve](#)
Cc: [Morgan Witmer](#); [Olivia Riek](#)
Subject: Re: [EXTERNAL]: #14-560 - Proposed Rulemaking of the Department of Human Services - Crisis Intervention Services Payment
Date: Thursday, October 8, 2026 10:28:24 AM
Attachments: [image001.jpg](#)

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Independent Regulatory
Review Commission

Good morning:

October 8, 2026

The Proposed Rulemaking has been received. Annmarie Robey

Annmarie K Robey

Executive Director/Legal Counsel (R)
Pennsylvania House of Representatives
House Human Services Committee
(p): 717-772-9842

From: Curley, Maeve <macurley@pa.gov>
Sent: Thursday, October 8, 2026 9:33 AM
To: Annmarie Robey <Arobey@pahousegop.com>
Subject: [EXTERNAL]: #14-560 - Proposed Rulemaking of the Department of Human Services - Crisis Intervention Services Payment

Good morning,

DHS is submitting Reg. No. 14-560, Crisis Intervention Services Payment (Proposed) to the Senate Health and Human Services Committee, the House Human Services Committee, and LRB.

Please provide written (email) confirmation that this rulemaking was received.

Best,
Maeve



Maeve Curley

Pronouns: She/Her
Regulatory Coordinator
PA Department of Human Services | Office of Policy Development
macurley@pa.gov
<https://www.dhs.pa.gov>

From: [Bulletin](#)
To: [Curley, Maeve](#)
Subject: [External] Re: #14-560 - Proposed Rulemaking of the Department of Human Services - Crisis Intervention Services Payment
Date: Thursday, October 8, 2026 10:21:40 AM
Attachments: [image001.jpg](#)

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Good morning, Maeve,

Thank you for sending Reg. No. 14-560. Someone from our office will be in touch with you soon to confirm the publication date.

Have a great day!
Sara Fisher
Editorial Assistant
PA Code & Bulletin

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Independent Regulatory
Review Commission
October 8, 2026

From: Curley, Maeve <macurley@pa.gov>
Sent: Thursday, October 8, 2026 9:53 AM
To: Bulletin <bulletin@palrb.us>
Subject: #14-560 - Proposed Rulemaking of the Department of Human Services - Crisis Intervention Services Payment

Good morning,

DHS is submitting Reg. No. 14-560, Crisis Intervention Services Payment (Proposed) to the Senate Health and Human Services Committee, the House Human Services Committee, and LRB.

Please provide written (email) confirmation that this rulemaking was received.

Best,
Maeve



Maeve Curley

Pronouns: She/Her

Regulatory Coordinator

PA Department of Human Services | Office of Policy Development

macurley@pa.gov

<https://www.dhs.pa.gov>

From: [Lindberg, Dylan P.](#)
To: [Curley, Maeve](#)
Subject: RE: #14-560 - Proposed Rulemaking of the Department of Human Services - Crisis Intervention Services Payment
Date: Thursday, October 8, 2026 9:41:32 AM
Attachments: [image001.jpg](#)

RECEIVED

Independent Regulatory
Review Commission

October 8, 2026

Received. Thank you!

From: Curley, Maeve <macurley@pa.gov>
Sent: Thursday, October 8, 2026 9:33 AM
To: Lindberg, Dylan P. <DLindberg@pahouse.net>
Subject: #14-560 - Proposed Rulemaking of the Department of Human Services - Crisis Intervention Services Payment
Importance: High

Good morning,

DHS is submitting Reg. No. 14-560, Crisis Intervention Services Payment (Proposed) to the Senate Health and Human Services Committee, the House Human Services Committee, and LRB.

Please provide written (email) confirmation that this rulemaking was received.

-

Best,
Maeve



Maeve Curley

Pronouns: She/Her

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