

## Provider Notice

**To: All Network ACT/CTT, Psych Rehab and Peer Support Service Providers**  
**From: PerformCare**  
**Date: December 10, 2024**  
**Subject: MH 24 112 Psych Rehab with Peer Support Services or ACT Concurrently**

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The following services are considered duplicative services if they are requested concurrently and require submission on the PerformCare adjunct services form. All these services focus on skill building, problem solving, community integration, rehabilitation services, and recovery.

Psychiatric Rehabilitation with Peer Support Services  
Psychiatric Rehabilitation with ACT/CTT  
Peer Support Services with ACT/CTT

If providers wish to provide any of these combinations of services, providers must submit an Adjunct request for these duplicative services for a medical necessity review. The Adjunct request must include clear clinical rationale for Psychiatric Rehabilitation and Peer Support, Psychiatric Rehabilitation and ACT/CTT, or Peer Support and ACT/CTT to be authorized concurrently with one another. The rationale should indicate the goals that will be addressed by the new service to support the need for both services concurrently, and reasons why the current service cannot address these goals.

Provider should submit PerformCare's OP Adjunct Services request form located here: <https://pa.performcare.org/assets/pdf/providers/resources-information/form-prior-authadjunct-request.pdf>. The Adjunct Request form is also available on the NaviNet Plan Central Page under the forms section on the right navigation pane under Forms, and is listed as "Prior Authorization for Adjunct Request Form."

Adjunct Service requests that do not include clear clinical rationale will be considered invalid, and outreach will be completed with the Provider to resubmit with the required information. Providers will also be asked to submit an OP Adjunct Services request form if a provider submits a request for authorization of a duplicative service and another duplicative service already authorized. The typical decision notification process will be followed.

See side by side comparison of Psychiatric Rehabilitation and Peer Support below:

PSYCH REHAB	PSS
<p>(2) <i>Planning phase.</i></p> <ul style="list-style-type: none"> <li>(i) Prioritizing needed and preferred skills and supports.</li> <li>(ii) Planning for resource development.</li> </ul> <p>(3) <i>Intervening phase.</i></p> <ul style="list-style-type: none"> <li>(i) Developing new skills.</li> <li>(ii) Supporting existing skills.</li> <li>(iii) Overcoming barriers to using skills.</li> <li>(iv) Identifying or modifying an individual’s resources to pursue a goal.</li> </ul> <p>(c) A PRS agency shall ensure that the following practices are included in programming and staff training and in agency and individual record maintenance:</p> <ul style="list-style-type: none"> <li>(1) Creating a culturally competent, recovery-oriented environment consistent with psychiatric rehabilitation principles.</li> <li>(2) Engaging an individual in PRS.</li> <li>(3) Assessing individual strengths, interests, and preferences for PRS with an individual.</li> <li>(4) Developing strategies to assist an individual in identifying, achieving, and maintaining valued roles.</li> <li>(5) Developing an IRP with an individual.</li> <li>(6) Helping an individual increase awareness of community resources and identify preferred options for the rehabilitation process.</li> <li>(7) Educating an individual about mental illness, wellness and living in recovery.</li> <li>(8) Providing direct or indirect skills development.</li> <li>(9) Assisting an individual in identifying, developing, and utilizing natural supports.</li> <li>(10) Reaching out and re-engaging an individual who discontinues service participation.</li> </ul>	<p>(1) Compensable PSS activities include, but are not limited to:</p> <ul style="list-style-type: none"> <li>(a) Assisting individuals with developing individual service plans and other formal mentoring activities aimed at increasing the active participation of individuals in person-centered planning and delivery of individualized services.</li> <li>(b) Assisting individuals with the development of mental health advance directives.</li> <li>(c) Supporting individuals in problem-solving related to reintegration into the community.</li> <li>(d) Crisis support activities including assisting individuals to recognize the early signs of relapse and how to implement identified coping strategies.</li> <li>(e) Assisting individuals to develop and maintain positive personal and social support networks.</li> <li>(f) Assisting individuals to develop self-help skills and cultivating the individual’s ability to make informed, independent choices.</li> <li>(g) Planning and facilitating practical activities leading to increased self-worth and improved self-concepts.</li> <li>(h) Time spent in transit with the individual if delivering services identified in the ISP. Services should be delivered while in transit only if the CPS determines service delivery to be safe and appropriate.</li> </ul>

In addition, ACT includes Peer Support Services and Psych Rehab per OMHSAS ACT Bulletin OMHSAS-08-03 Attachment B Standards and Guidelines SECTION I:

( [https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omhsas/d\\_005322.pdf](https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omhsas/d_005322.pdf) )

General Provisions Service Description: ACT is a service delivery model for providing comprehensive community-based treatment to persons with serious mental illness. It is a self-contained mental health program made up of a multidisciplinary mental health staff, **including a peer specialist**, who work as a team to provide the majority of treatment, rehabilitation, and support services consumers need to achieve their goals. The most current version of the Dartmouth Assertive Community Treatment Scale (DACTS), as identified by OMHSAS, is the instrument that will be used to assess the fidelity of the programs to the ACT model. DACTS quantifies the requirements related to the team's organization, structure, and provision of direct services. For example, **to meet the fidelity requirement for rehabilitation services, at least 90% of the consumers in need of rehabilitation services shall receive those services from the team, rather than from an external provider.**

If you have questions about this notice, please contact your Account Executive.

cc: Scott Suhring, Capital Area Behavioral Health Collaborative  
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PerformCare Account Executives