

PerformCare Service Description Guidelines

PerformCare Service Description expectations -

<https://pa.performcare.org/assets/pdf/providers/resources-information/ad-23-100-service-description-expectations.pdf>

PerformCare Service Description checklist –

<https://pa.performcare.org/assets/pdf/providers/resources-information/performcare-service-description-checklist.pdf>

Service Description Timeframes - <https://pa.performcare.org/assets/pdf/providers/resources-information/review-of-service-description.pdf>

State Plan Service	Provider Type/Specialty	PerformCare Service Description Review Required?
MH IP	01/010- Acute Care Hospital 01/011- Private Psych hospital 01/022- private psych unit 01/018- EAC	Only for new Providers located in a PC county
4.0 Medically Managed Intensive Inpatient WM	01/010 01/019 01/441	Yes
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MH OP Clinic	08/110	Only for new Providers located in a PC county
MMHT	08/074	Must be done via a MH OP clinic license and is part of the clinic's OMHSAS service description
FQHC	08/080 (FQHC) 08/081 (RHC)	No
MH PHP - Child	11/113	Yes
MH PHP - Adult	11/114	Yes
FBMHS	11/115	Yes
IBHS	11/590- Individual IBHS 11/591- Group IBHS 11/592- ABA IBHS	Yes
PSS	08/076 11/076 21/076	Yes

State Plan Service	Provider Type/Specialty	PerformCare Service Description Review Required?
MH Crisis Intervention	08/118	Yes
MH TCM (RC/ICM/BCM)	21/221- RC 21/222- ICM	Yes
2.0- SU OP Clinic	08/184 11/184	Yes
Methadone Maintenance	08/084	Yes
Opioid COE		Yes
MH RTF	01/013-JCAHO 56/560-Non JCAHO	Yes
Psychiatry	31/339	No
Psychologist	19/190	No
Laboratory	28/280	No
Clozapine	n/a	No
MH OP Practitioner (no clinic license)	11/110	No
Independent MH OP Practitioner (LCSW, LPC, LMFT)	11/112	No
Psych Rehab	11/123	Yes
CRR-HH	52/520	Yes
Community MH	11/111	Contact PerformCare regarding ACT/CTT services
MH- OMHSAS	11/119	Contact PerformCare regarding "In Lieu of" or "In Addition to" services
D&A TCM (RC/ICM)	21/138	State approved SD template required
D&A Services - Other	11/184	Yes
2.1 D&A IOP	11/128	Yes
2.5 SA PHP	11/129	Yes
3.1 Halfway House	11/131	Yes
3.5 Non-Hospital Detox	11/132	Yes

State Plan Service	Provider Type/Specialty	PerformCare Service Description Review Required?
3.5 Non-Hospital Residential Clinically Managed	11/185	Yes
3.7 Non-Hospital Residential Medically Managed	11/186	Not needed if provider already has 3.5 enrollment
Outpatient D&A	11/184	This includes Level of Care Assessments (LOCA) and Certified Recovery Services (CRS). Contact PerformCare regarding these and other D&A “In Lieu of” or “In Addition to” services.
Site based Telehealth (Telepsychiatry (GT Modifier)	08/110 MH OP Clinic 08/184- SA OP	Yes https://pa.performcare.org/assets/pdf/providers/resources-information/ad-23-103-telehealth-using-site-based-clinic-model.pdf