

PerformCARE [®]		Policy and Procedure
Name of Policy:	Family-Based Mental Health Services (FBMHS) Funding Transition	
Policy Number:	CM-CAS-035	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Care Department	
Related Stakeholder(s):	None	
Applies to:	Providers	
Original Effective Date:	01/01/06	
Last Revision Date:	10/17/25	
Last Review Date:	11/03/25	
OMHSAS Approval Date:	N/A	
Next Review Date:	11/01/26	

Policy: To ensure continuity of care in transitions to and from PerformCare funding.

Purpose: To ensure that FBMHS providers understand the process of funding transitions.

Definitions: None

Acronyms: **DHS:** Department of Human Services
FBMHS: Family-Based Mental Health Services
FFS: Fee for Service
MA: Medical Assistance

Procedure: 1. MA FFS and County funded to PerformCare HealthChoices Transition:
 1.1. PerformCare will honor FFS and County funded FBMHS when a Member in FBMHS becomes eligible with PerformCare.
 1.2. Providers must submit electronically or fax the following information to PerformCare within 7 business days of the membership change:
 1.2.1. The latest treatment plan indicating all services occurring for all the children in the family and indicates measurable goals, objectives and progress of the treatment plan (which meets the requirement of Proposed Rulemaking 55 PA Code CH 5260 Family Based Mental Health Services Published in

Pennsylvania Bulletin, VOL. 23, NO 18, May 1, 1993), an individualized discharge criterion for the Member in service, and a signature page indicating all persons participating in the treatment plan. The signature page needs to indicate agreement or disagreement with the FBMHS treatment plan. Legal guardian, children (if appropriate), and Member 14+ are required to sign. If a Member declines to sign the reason is to be indicated on the form.

- 1.2.2. Discharge resources, recommendation, and aftercare as part of the treatment plan.
- 1.2.3. A current individualized crisis intervention plan that meets the Member/Family/Guardian needs.
- 1.2.4. A completed PerformCare Child/Adolescent Services Request Submission Sheet.
- 1.2.5. Cover letter indicating it is a transfer from the FFS or County funding system.
- 1.2.6. A copy of the FFS or County authorization, including dates of service approved.
- 1.3. PerformCare will approve and generate an authorization from the date Member becomes eligible with PerformCare to the end date of the prior County or FFS authorization.
2. PerformCare to FFS or County System Transition:
 - 2.1. PerformCare cannot guarantee that FFS or County will fund FBMHS when Member is no longer eligible with PerformCare. Providers who have a contract with a FFS or County should have policies and procedure in place regarding transitioning to FFS or County funding and coordination with PerformCare.
 - 2.2. If FBMHS is involved with a Member that fails to submit DHS paperwork in a timely manner to continue with MA and PerformCare membership, PerformCare requires that the FBMHS provider help facilitate coordination between Member and DHS to continue with uninterrupted PerformCare services.
 - 2.3. Providers will coordinate and hold Interagency Treatment Team meetings with other systems working with the family to inform them of a change of status with PerformCare and plan for services that may be funded through FFS or the County, if appropriate.
 - 2.4. Providers should have a policy and procedure which outlines their internal process for Interagency Treatment Team meetings and transitioning of care.
 - 2.5. Providers must work with PerformCare for appropriate referrals and transitions to covered services.

Related Policies: *CM-CAS-034 Family Based Mental Health (FBMH) Provider Transfer Process*
CM-CAS-036 Family Based Mental Health Services (FBMHS) in the Emergency Room
CM-CAS-037 Family Based Mental Health Services (FBMHS) Prior to Discharge in a Residential Treatment Facility (RTF) or CRR-Host Home (CRR-HH)
CM-CAS-038 Family Based Mental Health Services (FBMHS) in Conjunction with Targeted Case Management (TCM)
CM-CAS-040 Discharge Planning from FBMH Services
CM-CAS-041 Family Based Mental Health Services (FBMH S) and Use of Family Support Services (FSS)
CM-CAS-044 Procedure to Request Additional Service Units During an Authorization Period and Extension Requests for Family Based Mental Health Services (FBMHS)
CM-CAS-051 Prior Authorization for Family Based Mental Health Services (FBMHS)

Related Reports: None

Source Documents and References: *Proposed Rulemaking 55 PA Code CH 5260 Family Based Mental Health Services Published in Pennsylvania Bulletin, VOL. 23, NO 18, May 1, 1993*

Superseded Policies and/or Procedures: None

Attachments: [Attachment 1 PerformCare Child/Adolescent Services Request Submission Sheet](#)

Approved by:



Primary Stakeholder