

## Provider Notice

**To:** All Levels of Care  
**From:** Daniel Eisenhauer, Director of Operations  
**Date:** May 15, 2023  
**Subject:** AD 23 100 Reissued Service Description Expectations

---

PerformCare is reissuing the service description expectations to provide additional clarification and guidelines to Providers. Please review the document “PerformCare Revised Service Description Expectations May 2023” which now includes a Service Description check list (refer to page 8) to further assist Providers in developing the SD. The checklist is also now a separate form fillable document. ***Please include your completed checklist with the submission of your service description.*** The revision also reiterates the need for Substance Use Disorder Providers to utilize the DDAP ASAM Level of Care check list to assure the SUD service description meets all aspects of ASAM alignment including the use of MAT. This is effective immediately with any submission of service descriptions to PerformCare.

Please note that not all state approved service descriptions will have the elements required by PerformCare. Providers should assure that service descriptions submitted to PerformCare include all required elements.

PerformCare requires that providers use a standardized format when submitting a Service Description (SD) for review. This is applicable to all levels of care (e.g., non-clinical services; Substance Use Services; Peer Support Services; Residential Treatment Facilities; etc.). A substance use program must also incorporate principles from the American Society of Addiction Medicine (ASAM) (e.g., demonstrate ASAM alignment for admission, continued stay, discharge, and treatment planning).

Providers must have an approved SD for every service that a provider currently offers, any proposed new service, or the expansion of current services. Regardless of the level of care described within the SD, all current requirements and regulations of the licensing agency must be adhered to and included in the SD, as applicable (e.g., IBHS regulations; ASAM criteria).

If you have any questions about the appropriate format or process for SD submission, how items may or may not be applicable to your program, or require assistance in understanding this guidance, please reach out to your Provider Network Account Executive.

PerformCare would like to thank you for your continued dedication to the Members we serve.

cc: Lisa Hanzel, PerformCare  
Scott Suhring, Capital Area Behavioral Health Collaborative  
Missy Reisinger, Tuscarora Managed Care Alliance  
PerformCare Account Executives

## PerformCare Service Description Expectations-2023 General Guidelines

### GENERAL INFORMATION:

1. All submissions to PerformCare must follow the Service Description (SD) format as originally outlined by the Office of Mental Health and Substance Abuse Services (OMHSAS). An amended version of this template is attached (**please see Appendix A**).
- 1.1. ALL levels of care must follow this format as well as incorporate PerformCare expectations into relevant sections.
- 1.2. A Substance Use Disorder (SUD) SD needs to incorporate principles from the American Society of Addiction Medicine (ASAM) and demonstrate ASAM alignment for admission, continued stay, discharge, and treatment planning. **The DDAP ASAM transition self-assessment checklist should be used to guide the development of the SD for SUD Levels of Care. These checklists can be found here, <https://www.ddap.pa.gov/Professionals/Pages/ASAM-Transition.aspx> under the Service Alignment Documents section.**
  - 1.2.1. Medication(s) Offered
  - 1.2.2. Indicate if medications are available for initiation and/or maintenance
  - 1.2.3. Indicate the route of administration of the medication
  - 1.2.4. How MAT coordination will occur if provider does not offer a specific medication within program
  - 1.2.5. MAT P&Ps should be attached/included with SD
2. Regardless of the level of care that is described within the SD, all current rules and regulations of the licensing agency must be adhered to and included in the SD, as applicable (e.g., IBHS regulation; ASAM criteria).
3. Information contained in this document should be viewed as additional requirements specific to PerformCare and included in the SD (please add to existing sections as applicable).
4. **Information contained in an approved SD does not supersede regulations, bulletins, licensing requirements or PerformCare Policies and Procedures.**
5. The SD should fully document and define the proposed program and population to be served.
6. Each SD is reviewed by PerformCare, as well as county partners and primary contractors. As such the SD should be a comprehensive document that fully explains the clinical and/or service integrity of the program.
7. Providers contracting with Franklin and/or Fulton County (TMCA) must attach a copy of both the Quality Management Plan, how often this plan is reviewed or revised, and detailed information about the provider's referral process to ensure compliance with timely access standards (e.g., 7 day).
8. The SD format is required to be submitted for PerformCare review in Microsoft Word.
9. Any revisions requested by PerformCare should be re-submitted in **Microsoft Word using track changes.**
10. To avoid confusion, please be sure to use consistent language throughout the SD. For example, the position of "Case Manager" should be referred to as such throughout the SD rather than

alternately using “Case Coordinator,” “Care Manager,” etc., to refer to the same position. Prefer to client, Member, youth, etc. consistently throughout the SD.

11. Please number the pages of the SD for easier reference.
12. Ability to serve special or priority populations should be included in the SD. The SD must indicate how Provider will accept members who first language is not English and how interpreter services will be provided to comply with all Federal Civil Rights Laws and State Laws, Regulations and Bulletins.
13. Ability to incorporate diversity, cultural traditions, and/or Member specific preferences must be integrated into treatment and demonstrated within the SD.
14. People first language that is inclusive and respectful should be used throughout the SD (e.g., person with a substance use disorder v. addict; person without housing v. homeless person; person who has been impacted v. victim of)

### **NON-CLINICAL SERVICES:**

Within the array of behavioral health and substance use treatments offered by PerformCare there are some services that are supportive, provide tangible assistance, or function as a peer/mentor relationship. These services are not considered to be treatment. Although a comprehensive SD is required, some of the items in this guideline may not apply due to the program being designated as “non-clinical”. Examples include Recovery Specialists, Targeted Case Management, and Peer Support Services, among others. When completing an SD for a non-clinical service it is important to note that all items within the “General Information” section are applicable. Likewise, much of the “Clinical Information” and “Ancillary Information” sections can be applicable or modified for inclusion in the SD. This will allow an opportunity to best describe the service that is being provided, as well as the benefit this service can have for Member recovery and wellness. If a particular area does not apply, please still include the section in the SD and note “not applicable” (N/A).

### **CLINICAL INFORMATION:**

1. SD must include diagnosis/diagnoses most appropriate for program participation (e.g., inclusionary criteria). This diagnosis must be formulated using the most recent DSM or ICD and made by a licensed physician, licensed psychologist, certified nurse practitioner, or other licensed professional whose scope of practice includes the diagnosis of behavioral health disorders.
  - 1.1. Exclusionary criteria must also be clearly defined.
2. The clinical treatment that will be provided should be clearly defined including a cohesive clinical/theoretical framework (as applicable).
  - 2.1. Minimally, specific therapeutic techniques, treatment manuals or packages, and/or modalities that will be used should be clearly explained.
  - 2.2. For a service SD, program specifics, guiding philosophies, and implementation strategies should be detailed.
3. Inclusion of all evidence-based practices utilized is important and bolsters the integrity of the SD.

- 3.1. Evidence based programs can be briefly summarized in the SD with a more detailed description of the program appended.
- 3.2. Be sure to include how fidelity and outcomes will be monitored and measured.
4. Include any special initiatives, treatments, or collaborations that are offered or included as part of treatment (e.g., tobacco cessation).
5. Description of ways cultural/ethnic/gender considerations are incorporated into programming/treatment efforts is an important inclusion.
6. Detailed information regarding how collaboration with the school, other behavioral health providers, and community resources will occur.
7. Explanation of how collaboration with physical health partners will occur.
8. Description of how treatment will ensure family involvement, transfer of skills, and introduction of natural and/or community supports that the agency will facilitate.
  - 8.1. This should include strengthening family engagement, assisting the family with engaging advocates, and collaborating with the family to overcome barriers (e.g., use of telehealth to overcome transportation barriers).
9. Crisis and safety planning must be included and have sufficient details, including crisis prevention planning/strategies
10. If the program uses restrictive procedures, please append all related policies and procedures
11. Discharge planning is a critical component of effective treatment, and the SD should provide sufficient detail regarding the discharge process, provider efforts to increase involvement of natural and community supports, as well as indicate anticipated, or average, length of stay within treatment
  - 11.1. It is vitally important for intensive levels of care, such as Residential Treatment Facilities (RTF), to include the frequency and duration of therapeutic leaves and demonstrate that treatment information learned from therapeutic leaves is fully incorporated into treatment and discharge planning (e.g., revising treatment plans to address gaps that were revealed during treatment within the home).
  - 11.2. Extenuating circumstances and proposed solutions that could negatively impact discharge may be included.
12. Detailed outline or summary of discharge criteria.
13. Outcome measures (e.g., repeated standardized testing at various points in treatment), or how provider will measure and report success (e.g., length of stay; successful discharges), are important components of the SD.

#### **ANCILLARY INFORMATION:**

1. Some providers use a daily or weekly schedule and may find that appending this schedule will help to further explain program objectives.
  - 1.1. This should include detailed information regarding times that treatment/service will be delivered, number of days per week, and number of hours for Member attendance.
2. Information regarding how treatment will be individualized will enhance the overall quality of the SD.

3. Providers focus on parent/caregiver/partner involvement in treatment should be evident throughout the SD
4. The SD should include the process for skill transfer and the generalization of skills to family, natural supports, and other meaningful people in the Member's life.
5. It can often be helpful to include, as an attachment, the annual training plan for provider staff.

## **Appendix A**

### **FORMAT FOR SERVICE DESCRIPTION (SD) – ALL LEVELS OF CARE**

This appendix includes the format that should be used when submitting a SD to PerformCare for review. PerformCare has made minor modifications to the General Service Description, which was developed by the Office of Mental Health and Substance Abuse Services (OMHSAS). Modifications include deleting items that are not relevant to the SD review process as well as updating obsolete terms or phrasing.

Providers are expected to follow this template when developing an SD. This is applicable to all levels of care. The above guidelines and ancillary information should either be incorporated into existing categories of the template or included as separate sections. If an item on the template is not relevant to the population being served (e.g., school for an adult) please substitute with the appropriate areas of focus (e.g., vocational). When submitting an SD for non-clinical services this format is also used. If an item does not apply, the provider should include an explanation as to why it is N/A, as well as note efforts that have been made in the specified area (if any).

If you have any questions about the appropriate format or process for SD submission, how items may or may not be applicable to your program, or require assistance in understanding items, please reach out to your Provider Network Account Executive.

**FORMAT FOR SERVICE DESCRIPTION (SD) \***

1. Provider Type (including name of provider, address, telephone, and fax numbers).
  - 1.1. If a Licensed Facility, note the type of license (e.g., outpatient, partial, family based, IBHS).
  - 1.2. Please provide the base mental health license main address and the program address that will be used as “home base” for the program. If submitting a site-based service, please list the site location(s).
  - 1.3. Including a contact person and email address is also helpful, as it allows the reviewer to communicate with the provider more efficiently regarding questions about the service description.
  - 1.4. Provider MA Promise number.
2. Copy of license (Certificate of Compliance). Supplemental/In Lieu of Services require a base mental health license for the agency. This means an outpatient clinic, partial, or family-based license. Please confirm that the licensed entity is willing to assume responsibility for this program under its license. The SD must include a statement in this section stating that the licensed entity assumes responsibility for the program/service. **Attach a copy of the license.**
3. Name of the service for which you are seeking approval such as Assertive Community Treatment (ACT) or Multisystemic Therapy (MST).
4. Identify any aspect of this service that will be subcontracted. If applicable, please specify:
  - 4.1. The reason the service is being subcontracted.
  - 4.2. Attach a copy of the subcontracting agreement. The subcontract must clarify the position that is responsible for supervision of subcontracted staff and administrative/clinical monitoring of the service.
  - 4.3. Be sure to include any subcontracted staff that will be involved in this service, including as consultants, supervising psychologists, etc.
5. List the specific county(ies) that will be served by this service.
6. Describe how this service was developed collaboratively with the county, CASSP Coordinator(s), if applicable, and/or MH/DD/ID staff of the county(ies) in which the service will be provided. The county must support the need for the service and intend to utilize the service as part of its continuum of care.
  - 6.1. Include the county letter of support if one has been generated.
7. Describe the goals of this service and how these goals will be achieved:
  - 7.1. Mission or purpose statement for the service should be included in this section.
  - 7.2. Specific design of the service.
    - 7.2.1. Activities including a daily or weekly schedule and the hours/week of contact with the Member. (Examples include individual therapy; family therapy; social skills group; therapeutic group activities; case management; recreational games; etc.).
    - 7.2.2. Intervention techniques. (Examples include role modeling, cognitive restructuring, parenting skills, redirection, coaching, reflection, use of rewards and consequences, etc.).
    - 7.2.3. Expected outcome or goals of treatment.
    - 7.2.4. Whether treatment will be delivered by a team or individual.

- 7.2.5. Staff-to-client ratio for group services; maximum site capacity for site-based services; maximum caseload for individually delivered services.
  - 7.2.6. Location of treatment: Home, community, school, vocational, center based, (Community based services should indicate how skills will transition to home, community, school, work, etc.).
  - 7.2.7. Average length of stay in treatment.
8. What restrictive procedures will be used, if any, and how staff are trained.
9. Describe the target population for this service:
  - 9.1. Specific age range.
  - 9.2. Nature of problems to be addressed during the provision of service. For example: Types of emotional/behavioral issues that are appropriate for and can be addressed by service.
  - 9.3. Exclusionary diagnosis or issues that are not appropriate for program participation.
  - 9.4. The service description should clearly state that Members must have a behavioral health diagnosis from the most recent version of the DSM or ICD made by a licensed psychologist or licensed physician; to be eligible (this is required for MA reimbursement as a behavioral health service).
  - 9.5. Describe special populations that can be served. The SD must indicate how Provider will accept members who first language is not English and how interpreter services will be provided to comply with all Federal Civil Rights Laws and State Laws, Regulations and Bulletins.
10. For Supplemental/In Lieu of Services and services requiring Prior Authorization, it is useful to include an explanation of the referral and admission process.
11. Diversity, Equity, and Inclusion: What training do staff receive related to diversity, equity, and inclusion and whether this is provided by internal or external trainer(s).
  - 11.1. To what extent has the program been able to hire staff that represent the cultural, racial, ethnic, and language needs of the population served. This should include how special populations (sexual orientation; gender identity), will be served
  - 11.2. Address how cultural values and concerns will be assessed and incorporated into treatment.
  - 11.3. Explain how program activities incorporate cultural traditions or values.
12. Describe how the service will support integration into community, school, work, etc., such as:
  - 12.1. Does the service facilitate involvement in prosocial activities in the community, school, or work?
  - 12.2. Does the service expose the Member to community activities, opportunities, and resources that Member may get involved in?
  - 12.3. Does the program connect the Member and/or family to new resources?
13. Staffing requirements for each position that is part of the service.
  - 13.1. List the education level, degrees, and field of study, training, certification, licensing, and any other relevant qualifications. This should be based on hiring qualifications and regulatory requirements for each position, not the person currently holding the position.
  - 13.2. Identify the responsibilities of the position.
  - 13.3. Include annual training plan and topics.
  - 13.4. An organizational chart is strongly recommended, showing where the program fits into the agency as a whole and how the positions within the program are related.

14. Describe the supervision process (regulations need to be followed):
  - 14.1. Position that is responsible for clinical supervision of direct care staff and required qualifications.
  - 14.2. Frequency and duration of supervision and include format of supervision (group vs. individual and number of supervisees the supervisor is responsible for.
  - 14.3. Position that provides clinical oversight of staff.
15. Position and name of person responsible for monitoring outcomes and assessing the delivery of services.

\*Adapted from the Office of Mental Health and Substance Abuse Services (OMHSAS) general services service description template. The original document can be retrieved from the OMHSAS website at <https://www.dhs.pa.gov/docs>.

**Provider Service Description Checklist Guide.**

Person completing this form: \_\_\_\_\_ Date completed: \_\_\_\_\_

1.  Provider Type (including name of provider, address, telephone, and fax numbers).
  - 1.1.  The type of license (e.g., outpatient, partial, family based, IBHS).
  - 1.2.  Base mental health license main address and the program address and site-based service, location(s), if applicable.
  - 1.3.  Contact person and email address.
  - 1.4.  Provider MA Promise number.
2.  Copy of license (Certificate of Compliance).
3.  Name of the service.
4.  Service that will be subcontracted. If applicable
  - 4.1.  Reason the service is being subcontracted.
  - 4.2.  Attach a copy of the subcontracting agreement.
  - 4.3.  Subcontracted staff that will be involved in this service
5.  List the specific county(ies) that will be served by this service.
6.  How this service was developed collaboratively with the county partners.
  - 6.1.  Include the county letter of support if one has been generated.
7.  Goals of this service and how these goals will be achieved.
  - 7.1.  Mission or purpose statement.
  - 7.2.  Specific design of the service. (For SU providers the DDAP ASAM LOC checklist should be used as reference for design of program.)
    - 7.2.1. Activities, including a daily or weekly schedule.
    - 7.2.2. Intervention techniques.

- 7.2.3.  Expected outcome or goals of treatment.
- 7.2.4.  Treatment delivered by a team or individual.
- 7.2.5.  Staff-to-client ratio for group services.
- 7.2.6.  Location of treatment.
- 7.2.7.  Average length of stay.
- 7.2.8.  SUD Services Only.
  - 7.2.8.1.  ASAM corresponding service check list used to develop SD.
  - 7.2.8.2.  MAT Medication(s) offered.
  - 7.2.8.3.  Indicate if MAT medications are available for initiation and/or maintenance.
  - 7.2.8.4.  Indicate the route of administration of the medication.
  - 7.2.8.5.  How MAT medications coordination will occur if provider does not offer a specific medication within program.
  - 7.2.8.6.  MAT P&Ps attached/included with SD.
- 8.  Restrictive procedures & training.
- 9.  Target population.
  - 9.1.  Specific age range.
  - 9.2.  Problems to be addressed during the provision of service.
  - 9.3.  Exclusionary diagnosis/criteria.
  - 9.4.  Special populations that can be served.
  - 9.5.  Description of how interpreter service will be provided to members.
  - 9.6.  Statement regarding need for behavioral health diagnosis from recent version of the DSM.
- 10.  Supplemental/In Lieu of Services referral and admission process.
- 11.  Diversity, Equity, and Inclusion Training.
  - 11.1.  Staff represent the cultural, racial, ethnic, and language needs of the population served.
  - 11.2.  Cultural values incorporated into treatment.
  - 11.3.  Program activities incorporate cultural traditions or values.
- 12.  Support integration into community, school, work.

- 12.1.  Involvement in prosocial activities.
- 12.2.  Service exposes the Member to community activities.
- 12.3.  Program connects the Member and/or family to new resources.
- 13.  Staffing requirements.
  - 13.1.  Staff qualifications for each position per role.
  - 13.2.  Responsibilities for each position.
  - 13.3.  Annual training plan.
  - 13.4.  Organizational chart.
- 14.  Supervision process.
  - 14.1.  Position responsible for clinical supervision.
  - 14.2.  Frequency, duration, format for supervision and staff to supervisor ratio.
  - 14.3.  Position that provides clinical oversight of staff.
- 15.  Person responsible for monitoring outcomes and assessing the delivery of services.