PerformCARE®
8040 Carlson Road
Harrisburg, PA 17112

Provider Notice

To:	**All Network RTF Prescribers**
From:	**PerformCare**
Date:	**June 26, 2026**
Subject:	**MH 26 103 Residential Treatment Facility (RTF) Prescriber Reminders**

This Provider Notice serves as a reminder to all in-network prescribers of the expectations when prescribing the RTF level of care for a PerformCare Member as outlined in ***HealthChoices Behavioral Health Program Standards and Requirements – January 1, 2026 Appendix T (Part B.1) – Residential Treatment Facilities*** as well as PerformCare Policy CM-CAS-054 Authorization Requirements for RTF located on our PerformCare website under the Policies section.

In accordance with Policy CM-CAS-054 Authorization Requirements for RTF, PerformCare requires a psychiatric evaluation be completed by an Ordering, Referring, and Prescribing enrolled, licensed psychiatrist to initiate RTF services. Psychological evaluations will only be accepted for reauthorization requests from a non-accredited RTF. A diagnostic, strengths-based psychiatric evaluation is required for each Member prescribed RTF. The RTF recommendation must be made based on the presence of a severe mental illness/emotional disorder and/or a behavioral disorder that indicates a risk to the Member's safety or the safety of others which cannot be treated in a community setting. The Member's clinically related behavior or severe functional impairment should be defined in the evaluation.

Providing the necessary documented information and clinical justification for RTF will help avoid clarification requests, potential delays in the medical necessity decision process, and/or service denials. PerformCare has also developed an **RTF Prescriber Recommendation Resource Document**, which outlines the specific requirements for prescribing RTF and is attached to this Notice. Please direct questions to your Account Executive.

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

Attachments: Prescriber Recommendation Resource Document (RTF)

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Prescriber Recommendation Resource Document
Residential Treatment Facility (RTF)

Background: Eligible prescribers wishing to prescribe RTF for a PerformCare Member should ensure ALL of the following elements are accounted for within their evaluation, as required by *HealthChoices Behavioral Health Program Standards and Requirements – January 1, 2024 Appendix T (Part B.1) – Residential Treatment Facilities*. Please provide the necessary documented information to avoid any clarification needs and potential delays in the medical necessity decision process.

☐ Diagnosis on DSM V (Intellectual Disability or Substance Use Disorders cannot stand alone)

☐ Residential Treatment service is prescribed by the diagnosing psychiatrist or psychologist - indicating that this is the most appropriate, least restrictive service to meet the mental health needs of the child. Per PerformCare Policy CM-CAS-054 Authorization Requirements for RTF, for the initiation of RTF services, PerformCare requires a psychiatric evaluation from an ORP enrolled, licensed psychiatrist. Psychological evaluations will only be accepted for reauthorization requests from a nonaccredited RTF.

☐ Documentation in the current evaluation that Residential Treatment setting is necessary as a result of:

- severe mental illness or emotional disorder, *and/or*
- behavioral disorder indicating a risk for safety to self/others

☐ The child's problematic behavior *and/or* severe functional impairment must include at least one (1) of the following:

A. Suicidal/homicidal ideation (within 30 days)
B. Impulsivity and/or aggression
C. Psycho-physiological condition (i.e.- bulimia, anorexia nervosa)
D. Psychomotor impairment or excitation.
E. Affect/Function impairment (i.e.- withdrawn, reclusive, labile, reactivity)
F. Psychosocial functional impairment
G. Thought Impairment
H. Cognitive Impairment

☐ Reasonable, documented treatment within a less restrictive setting has been provided *and/or* careful consideration of treatment within a less restrictive environment than that of a Residential Treatment Facility, *and* the direct reasons for its rejection, have been documented.

☐ Placement in a Residential Treatment Facility must be recommended as the least restrictive and most clinically appropriate service for the child, by an interagency service planning team as currently required by the OMHSAS and OMAP

☐ A complete strengths-based evaluation, including identifying the strengths of child's family, community, and cultural resources, must be completed prior to admission.

Reference: *HealthChoices Behavioral Health Program Standards and Requirements – January 1, 2024 Appendix T (Part B.1) – Residential Treatment Facilities* **https://pa.performcare.org/content/dam/amerihealth-caritas/performcare-pa/pdf/providers/resources-information/appendix-t.pdf.coredownload.inline.pdf** (pg 33)