

**PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
Office of Mental Health and Substance Abuse Services**

**New License Application Package**

**FAMILY BASED SERVICES**

**Contents:**

1. License Application Instructions
2. Application for Certificate of Compliance (PW633)
3. PW633 form instructions
4. Civil Rights Compliance Questionnaire
5. Notice of new Uniform Construction Code (UCC)
6. Chapter 20 Licensure or Approval of Facilities and Agencies
7. Chapter 5260 draft Family Based Mental Health Services for Children and Adolescents
8. Medicaid Enrollment Information

**Department of Public Welfare**  
**Office of Mental Health and Substance Abuse Services (OMHSAS)**

**License Application Instructions**

Updated May 11, 2005

**1. Mail the following to:**

Licensing Coordinator  
Office of Mental Health and Substance Abuse Services  
Bureau of Operations  
Room 140 Beechmont Building  
Harrisburg State Hospital  
Cameron and Maclay Streets  
PO Box 2675  
Harrisburg, PA 17105

Telephone: 717-772-7587

- Application for Certificate of Compliance (License) PW633. The type of agency/facility/service block must specify one of the following:
  1. Community Hospital Inpatient Unit – 5100 regulations
  2. Private Psychiatric Hospital – 5300 regulations
  3. County Prison Inpatient Unit – draft 5320 Forensic IP regulations
  4. Outpatient Psychiatric Clinic (OP) – 5200 regulations
  5. Partial Hospital Program (PH) – 5210 regulations
  6. Community Residential Rehabilitation Program (CRR Adults) – 5310 regulations
  7. CRR Host Home (Children) – 5310 regulations
  8. Long Term Structured Residence (LTSR) – 5320 regulations
  9. Residential Treatment Facility for Adults (RTFA) – OMHSAS Letter November 1995
  10. Family Based Services (FB) – draft 5260 regulations
  11. Crisis Intervention (CI for Telephone, Walk-in & Mobile) – draft 5240 regulations
  12. Crisis Residential (CI for Residential) – draft 5240 regulations
  13. Psychiatric Rehabilitation Services – standards dated February 2001
  
- Copy of the Department of Labor and Industry (L&I), Department of Health (DOH) or responsible Municipality (after April 9, 2004 under the Uniform Construction Code) occupancy certificate(s) for the building(s) where services and administrative services will be provided.

- Letter of support from the responsible County MH/MR Administrator(s) where the program site(s) is physically located.
- Copy of the agency's legal entity Articles of Incorporation and any fictitious name documents. The name on these documents must be the same as shown on the PW633.
- A short narrative describing the program you are requesting a license to include the following:
  1. Name, address and telephone number of the agency contact person for this license application.
  2. The specific services are to be provided by this licensed program.
  3. Age and/or special needs populations to be served in the program.
  4. JCAHO status for "for-profit" agencies to provide OP or PH services. JCAHO status for RTFA and Private Psychiatric Hospitals.
  5. Staff roster and supervisory table of organization for the program that will be licensed. The staff roster should include the name (or vacant position), job title, education, mental health experience and hours per week work will be performed in the licensed program for each staff person. Clearly show who will be the program director.

**2. Inpatient units located and operated by a community hospital are reviewed by Department of Health (DOH) hospital surveyors along with Department of Public Welfare (DPW), Office of Mental Health and Substance Services (OMHSAS) licensing surveyors. Upon recommendation of the DOH licensing surveyor, OMHSAS issues a Certificate of Compliance stamped "approved". Application for a DPW Certificate of Compliance must be submitted following the instructions in this document.**

**3. Mail the completed Civil Rights Compliance Questionnaire directly to the responsible Department of Public Welfare, Bureau of Equal Opportunity (BEO) office listed below. Do not send this questionnaire to OMHSAS with the license application package. An approval letter from BEO must be obtained from this office prior to the Department issuing a license. This questionnaire will be required to be submitted by the licensed agency annually thereafter or when the main site address changes or when there is a change in legal entity. A new BEO Civil Rights Compliance Questionnaire will be sent to the provider along with the annual license renewal application (PW633 form) each year. Hospitals licensed by the Department of Health are exempt from this requirement as their Civil Rights Compliance is handled by the Department of Health (DOH). This**

**includes all OMHSAS licensed programs if physically located in a hospital building covered by the hospital's Department of Health license.**

- DPW BEO – Central Regional Office  
Room 223, Health and Welfare Building  
Harrisburg, PA 17105  
Telephone: 717-705-8204

Counties served: Bedford, Somerset, Blair, Cambria, Centre, Columbia, Montour, Snyder, Union, Cumberland, Perry, Dauphin, Franklin, Fulton, Huntingdon, Mifflin, Juniata, Lancaster, Lebanon, Lycoming, Clinton, Northumberland, York and Adams.

- DPW BEO – Southeast Regional Office  
1105-B Philadelphia State Office Building  
1400 Spring Garden Street  
Philadelphia, PA 19130-4088  
Telephone: 215-560-2230

Counties served: Bucks, Chester, Delaware, Montgomery and Philadelphia

- DPW BEO – Northeast Regional Office  
331 Scranton State Office Building  
100 Lackawanna Avenue  
Scranton, PA 18503-1972  
Telephone: 570-963-4342

Counties served: Berks, Bradford, Sullivan, Carbon, Monroe, Pike, Lackawanna, Susquehanna, Wayne, Lehigh, Luzerne, Wyoming, Northampton, Schuylkill and Tioga

- DPW BEO – Western Regional Office  
702 Pittsburgh State Office Building  
300 Liberty Avenue  
Pittsburgh, PA 15222-1210  
Telephone: 412-565-7607

Counties served: Allegheny, Armstrong, Indiana, Beaver, Butler, Cameron, Elk, McKean, Clarion, Clearfield, Jefferson, Crawford, Erie, Fayette, Forest, Warren, Lawrence, Mercer, Potter, Venango, Washington, Green and Westmoreland

4. **Upon receipt of the Licensing Application package, The Licensing Coordinator will forward it the responsible OMHSAS field office.** The field office will contact the applicant to schedule an on-site survey and process the licensing recommendation. A Certificate of Compliance (license) will then be mailed to the provider from the Department of Public Welfare, Human Service Licensing Management and Research office. Applicants may contact the OMHSAS field office staff listed below for further assistance:

- Lead Licensing Staff  
OMHSAS Harrisburg Field Office  
Clothes Tree Building  
Harrisburg State Hospital  
PO Box 2675  
Harrisburg, PA 17105  
Telephone: 717-705-8396

Counties served: Bedford, Somerset, Blair, Cambria, Centre, Columbia, Montour, Snyder, Union, Cumberland, Perry, Dauphin, Franklin, Fulton, Huntingdon, Mifflin, Juniata, Lancaster, Lebanon, Lycoming, Clinton, Northumberland, York and Adams.

- Lead Licensing Staff  
OMHSAS Southeast Field Office  
Building #57 Norristown State Hospital  
1001 Sterigere Street  
Norristown, PA 19401  
Telephone: 610-313-5844

Counties served: Bucks, Chester, Delaware, Montgomery and Philadelphia

- Lead Licensing Staff  
OMHSAS Scranton Field Office  
Scranton State Office Building  
100 Lackawanna Avenue  
Scranton, PA 18503  
Telephone: 570-963-4335

Counties served: Berks, Bradford, Sullivan, Carbon, Monroe, Pike, Lackawanna, Susquehanna, Wayne, Lehigh, Luzerne, Wyoming, Northampton, Schuylkill and Tioga

- Lead Licensing Staff  
OMHSAS Pittsburgh Field Office  
Pittsburgh State Office Building  
300 Liberty Avenue  
Pittsburgh, PA 15222  
Telephone: 412-565-5226

Counties served: Allegheny, Armstrong, Indiana, Beaver, Butler, Cameron, Elk, McKean, Clarion, Clearfield, Jefferson, Crawford, Erie, Fayette, Forest, Warren, Lawrence, Mercer, Potter, Venango, Washington, Green and Westmoreland



**PURPOSE OF APPLICATION**     New Facility/Agency     Renewal    Certificate # \_\_\_\_\_

## IDENTIFICATION

<b>1. NAME and ADDRESS OF AGENCY / FACILITY</b>  NAME _____  P.O. BOX or NUMBER and STREET _____  CITY _____ ZIP CODE _____  E-Mail Address (if available) _____ PHONE NUMBER _____	<b>2. NAME and ADDRESS OF LEGAL ENTITY</b>  NAME _____  P.O. BOX or NUMBER and STREET _____  CITY _____ ZIP CODE _____  E-Mail Address (if available) _____ PHONE NUMBER _____				
<b>3. COUNTY and MUNICIPALITY/(CITY/TOWNSHIP/BOROUGH)</b> _____	<b>4. RESPONSIBLE PERSON</b>  NAME _____ TITLE _____				
<b>5. TYPE OF AGENCY / FACILITY/SERVICE</b> _____	<b>6. REQUESTED/LICENSED CAPACITY (Personal Care Homes ONLY)</b> _____				
<b>7. <input type="checkbox"/> FEDERAL EMPLOYER IDENTIFICATION NUMBER or <input type="checkbox"/> SOCIAL SECURITY NUMBER OF LEGAL ENTITY</b> _____	<b>8. TYPE OF OPERATION</b> <input type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT				
<b>9. TYPE OF OWNERSHIP/CONTROL</b> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> COUNTY GOVERNMENT <input type="checkbox"/> STATE GOVERNMENT <input type="checkbox"/> OTHER					
<b>10. CONVICTION or NAMED A PERPETRATOR</b> (If YES to any of the items 12 through 14 inclusive, explain on a separate sheet of paper.) Has the agency/facility (item 1), or Legal Entity (item 2), or the Person Responsible (Operator) (item 4), or the person signing the application ever been denied a Certificate or license, had a Certificate of Compliance or license revoked, or had a Certificate of Compliance or license non-renewed in Pennsylvania or any other state?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">YES</th> <th style="width:50%;">NO</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
<b>11. HAS THE LEGAL ENTITY, OWNER, OR OPERATOR:</b> ever been convicted of a felony; convicted of a crime involving child abuse, child neglect, moral turpitude, or physical violence; named a perpetrator in an indicated or founded report of child abuse in accordance with the Child Protective Service Law (23 Pa.C.S.Ch.63)?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">YES</th> <th style="width:50%;">NO</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
<b>12. IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR?</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">YES</th> <th style="width:50%;">NO</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				

## ATTACHMENTS

If this is an Initial Application for a new facility / agency or change of name of legal entity, submit copies of the following documents with this Application.

- Certificate of Occupancy (issued from Department of Health, Department of Labor and Industry or municipality.)
- Articles of Incorporation (if the facility or agency is operated by a corporation.)
- State Fictitious Name Approval (if the facility or agency is operated for profit and a fictitious name is used.)

## DECLARATION (Any false information or statement knowingly given in this application is punishable under Section 4904 of the Pennsylvania Crimes Code.)

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above-named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Public Welfare; Title VI and Title VII of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973 and the Pennsylvania Human Relations Act of 1955, and the American With Disabilities Act of 1990.

Specifically, the above named facility will not permit discrimination on the basis of color, race, religious creed, disability, ancestry, national origin, age or sex in any aspect of service delivery and employment.

I hereby declare that the information given in this application is true to the best of my knowledge.

\_\_\_\_\_  
print or type — NAME / TITLE  
(Where the Legal Entity is a corporation, the individual must be a corporate officer.)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE

\_\_\_\_\_  
DATE

# INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR CERTIFICATE OF COMPLIANCE FOR A FACILITY OR AGENCY, PW 633

## PURPOSE OF APPLICATION:

**New Facility:** A new agency or an agency that has had an agency/facility name change, agency/facility address change or a change in the legal entity name. **Renewal:** Any agency/facility applying to renew their existing Certificate of Compliance. The name and address of the Agency/Facility and the name of the legal entity should be the same as it is on the existing Certificate of Compliance. If it is a renewal application supply the Certificate of Compliance number.

- 1. NAME, ADDRESS, EMAIL ADDRESS AND TELEPHONE NUMBER OF PHYSICAL SITE OF AGENCY/FACILITY:** Indicate name, address, email address and telephone number of the physical facility or agency where the services will be provided. If the application is for renewal, the name and address of the facility or agency should be the same as on previous application unless there is a change in name or address.
- 2. NAME, MAILING ADDRESS, EMAIL ADDRESS AND TELEPHONE NUMBER OF LEGAL ENTITY:** Indicate name of legal entity, for example, the person, partnership, association, organization, corporation or governmental body responsible for the operation of the facility or agency and mailing address, email address and telephone number of legal entity where the mail for the facility is to be delivered.
- 3. COUNTY AND MUNICIPALITY/TOWNSHIP/BOROUGH:** Indicate the name of the County in which facility or agency is located. Indicate the municipality/township/borough in which the facility or agency is located.
- 4. RESPONSIBLE PERSON:** Indicate the full name and title of the person who is responsible for the daily operation of the facility or agency.
- 5. TYPE OF AGENCY/FACILITY/SERVICE:** Use the most specific type applicable -  
**Mental Health Facilities:** Community Residential Rehabilitation Service, Crisis Intervention Programs, Family Based Services, Long Term Structured Residence, Partial Hospitalization, Private Psychiatric Hospital, Psychiatric Outpatient Clinic, Psychiatric Rehabilitation Facility, Residential Treatment Facilities Adults.  
**Mental Retardation Facilities:** Adult Training Facilities, Center, Community Residential MR Agency, Community Residential MR Large Facility; Family Living Agency, Intermediate Care Facility/Mental Retardation (ICF/MR), Vocational Facility.  
**Children, Youth and Families Facilities:** Adoption Services, County Children and Youth Agency, Day Care Center, Day Treatment Program, Foster Family Care Agency Services, Group Day Care Home, Mobile Programs, Non-Secure Residential Services, Outdoor Program, Private Children and Youth Agency, Residential Child Care Facility, Secure Care Program, Secure Detention Facilities, Secure Residential Services, Supervised Independent Living Program, Transitional Living Program.  
**Social Programs:** Intermediate Care Facility for Other Related Conditions (ICF/ORC), Personal Care Home.
- 6. REQUESTED/LICENSED CAPACITY:** This column applies only to Personal Care Homes. If this is an application for a new facility or renewal fill in requested capacity.
- 7. FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OF LEGAL ENTITY:** Indicate the social security number or FEIN of the person, partnership, association, organization, corporation or governmental body responsible for the operation of the facility or agency.
- 8. PROFIT:** Operating with the expectation of providing a financial benefit to someone or something other than the facility or agency itself. The focus is upon the ultimate aim of the enterprise, not the financial results of any particular period of operation. The focus is also upon the particular premises involved and not the legal entity which operates the facility or agency. A non-profit legal entity may be considered as operating a facility or agency for profit if the particular premises involved provides a financial benefit to the parent legal entity. Any legal entity not possessing a certificate of tax exempt status from the Internal Revenue Service will be considered operating for profit unless it provides satisfactory proof otherwise.  
**NONPROFIT:** Operating other than for profit. Copy of tax exempt certificate should be submitted with the initial application.
- 9. TYPE OF OWNERSHIP/CONTROL:** Fill in type of ownership.
- 10. Please answer YES OR NO and explain any YES response on a separate sheet of paper.**
- 11. Please answer YES OR NO and explain any YES response on a separate sheet of paper.**
- 12. Please answer YES OR NO and explain any YES response on a separate sheet of paper.**

**ATTACHMENTS:** Attach Current Certificate of Occupancy, Articles of Incorporation, State Fictitious Name Approval.

**DECLARATION:** The declaration must be signed by the legal entity. If the legal entity is a partnership, association, or organization, the person authorized to sign such documents must sign. Where the legal entity is a corporation, the signature must be of a corporate officer. Type or print name and title of person signing.

# CIVIL RIGHTS COMPLIANCE QUESTIONNAIRE

Certificate Number: \_\_\_\_\_

NEW: \_\_\_\_\_ RENEWAL: \_\_\_\_\_

## Type of System:

- \_\_\_\_\_ Multi-facility (One owner, many sites)
- \_\_\_\_\_ Multi-type (One owner, many services)
- \_\_\_\_\_ Single site (One owner, one site)
- \_\_\_\_\_ Other (specify)

Legal Entity Name			
Responsible Official	Mr. ( )	Ms. ( )	Mrs. ( )
Title			
Address			
City	County	State	ZIP
Facility Name			
Address			
City	County	State	ZIP
Facility Administrator/Director			
Phone: ( )			

PROGRAM: SERVICE:	TYPE OF
Personal Care Home	
Child Day Care	
Child Welfare Service (Public)	
Child Welfare Service (Private)	
Office of MHSAS	
Office of Mental Retardation	

**NOTE:**  
Please attach a separate 8 1/2 x 11 sheet to complete answers. Please denote license number on additional sheets. Be sure to number your corresponding answer.

## Nondiscrimination in Employment and Services

1) Has the facility developed a nondiscrimination in service policy statement and a nondiscrimination in employment statement, or a policy combining both, signed by the responsible official, that advises clients/residents/parents/guardians and the public and advises employees that services and employment are provided in a nondiscriminatory manner, without regard to race, sex, color, national origin (including those with Limited English Proiciency), ancestry, religious creed, disability, and age? **Provide a copy(ies)**

\_\_\_ Yes     \_\_\_ No

2) Explain how the policy is disseminated to clients/residents/parents/guardians, the general public and employees of the facility. **Check all that apply.**

- |                                  |                                |                     |
|----------------------------------|--------------------------------|---------------------|
| ___ Employee/Client Orientation  | ___ Staff Meetings/Conferences | ___ Language Card   |
| ___ Written Announcements        | ___ Interpreter Services       | ___ Other (explain) |
| ___ Postings (specify locations) | ___ Sign Language              |                     |

3) Does the facility currently serve Non-English speaking clients?

\_\_\_ Yes     \_\_\_ No     (if yes, Explain)

4) If the facility advertises its services and employment opportunities to the public, does the facility include the nondiscrimination clause in brochures, media notices and/or posters? **Provide a copy.**

\_\_\_ Yes     \_\_\_ No (Explain).

5) Are clients, residents, parents/guardians informed that complaints of discrimination may be filed with the U.S. Department of Health and Human Services' Office of Civil Rights, the DPW Bureau of Equal Opportunity (BEO) and/or the Pennsylvania Human Relations Commission (PHRC)?

\_\_\_ Yes Explain the content how it is disseminated     \_\_\_ No Please Explain

6) Has information been provided to all staff regarding their rights to file complaints of employment discrimination based on Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and/or the Pennsylvania Human Relations Act of 1955, as amended with the PHRC or Equal Employment Opportunity Commission (EEOC)?

Yes  No

Please specify method used to inform staff:

Employee orientation  
 Written announcements

Staff meetings/conferences  
 Other (explain)

7) Are restrooms, drinking fountains (e.g. human needs facilities) accessible to disabled clients/ residents/ parents/ employees/ visitors? Please Explain.

8) How are minorities and persons with disabilities or with Limited English Proficiency integrated into programs and activities? Please Explain.

9) What methods are employed to make services accessible to those who may have mobility or sensory impairments?

Building modifications  
 Auxiliary aids

Program relocation within the structure  
 Program relocation to another structure

Other (specify)

10) Does the facility's nondiscrimination policy state that a reasonable accommodation will be provided for employees/clients with a disability (e.g. hearing, speech, vision, mobility impairments)? Have any been granted/denied in the past 12 months? Please Explain.

11) Within the last 12 months, have any complaints of discrimination been filed internally or externally with PHRC or EEOC? List each and explain in detail the current status.

### Governing Board – If Applicable

1) What policy or criteria is used to select Board members?

2) If the facility has a Board, describe methods and materials used to orient the Board to its Civil Rights compliance requirements.

The information submitted is, to the best of my knowledge, true and we intend to be bound by it.

\_\_\_\_\_  
Responsible Official Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: If the questionnaire is not returned by the due date, an unannounced facility on-site review will be conducted.**

# Attachment I

License Number \_\_\_\_\_

Facility \_\_\_\_\_

**Language of Current Limited English Proficient Clients**

**Current Clients Served**

	Black		Hispanic		White		Native American		Asian/Pacific Islander		Others	
	M	F	M	F	M	F	M	F	M	F	M	F
Total												

**Total Client Admissions in the Past 12 Months**

	Black		Hispanic		White		Native American		Asian/Pacific Islander		Others	
	M	F	M	F	M	F	M	F	M	F	M	F
Total												

Spanish	Chinese (Specify Dialects)	Russian	Cambodian	Vietnamese	Other (Specify Language)

**Board Composition – Should be reflective of community and client base –If NO Board mark N/A**

Board Member (Names may be omitted)	Race *	Sex	Disability	Group Represented	Date Term Expires

\* Race Code: B = Black, H = Hispanic, W = White, NA = Native American, A/PI = Asian/Pacific Islander

**Employment Information – Current Employees**

Classifications	Total Staff		Black		Hispanic		White		Native American		Asian/Pacific Islander		Others	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F

**For recruitment purposes: Minority/Women/Disabled Groups Contacted**

Name of Organization Contacted	Group Represented (Minority/Women/Disabled)	Purpose of Contact	Method of Contact Phone/Mail	Date of Contact	Name of Person Contacted
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Current Client Information: Please fill in the number of clients served below.


Workforce should show parity in keeping with community/client base served.

**Current Employees Enrolled in Training Programs – listing of any courses offered over the past 12 months**

Training Course Title	Total		Black		Hispanic		White		Native American		Asian/Pacific Islander		Others	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F

**Completed by MH/MR ONLY**

Service Offered under license number:	Total		Black		Hispanic		White		Native American		Asian/Pacific Islander		Others	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F

**COMMONWEALTH OF PENNSYLVANIA (► Use Private Letterhead)**

**SAMPLE # 1**

**SUBJECT:** Nondiscrimination Policy Statement  
Equal Employment Opportunity

**TO:** Staff

**FROM:** (► Insert Director's Name and Signature)

An open and equitable personnel systems will be established and maintained. Personnel policies, procedures and practices will be designed to prohibit discrimination on the basis of race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Employment opportunities shall be provided for applicants with disabilities and reasonable accommodation(s) shall be made to meet the physical or mental limitations of qualified applicants or employees.

Any employee who believes they have been discriminated against, may file a complaint of discrimination with any of the following.

(► Insert Provider/Facility's Name)  
(► Insert Address)

Department of Public Welfare  
Bureau of Equal Opportunity  
Room 521, Health & Welfare Building  
PO Box 2675  
Harrisburg, PA 17105

U.S. Dpt. of Health & Human Services  
Office for Civil Rights  
Suite 372, Public Ledger Bldg.  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

PA Human Relations Commission  
Harrisburg Regional Office  
Riverfront Office Center  
1101 S. Front St., 5th Floor  
Harrisburg, PA 17104

Bureau of Equal Opportunity  
Central Regional Office  
Cameron & Maclay Street  
Bldg. 56, Patton House  
PO Box 61260  
Harrisburg, PA 17106-1260

**COMMONWEALTH OF PENNSYLVANIA (► Use Private Letterhead)**

**SAMPLE # 2**

**SUBJECT:** Nondiscrimination in Services

**TO:** Patients/Clients/Residents/Parents  
(► Insert one of the above, as applicable)

**FROM:** (► Insert Director's Name and Signature)

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and /or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

(► Insert Provider/Facility Name)  
(► Insert Address)

Department of Public Welfare  
Bureau of Equal Opportunity  
Room 521, Health & Welfare Building  
PO Box 2675  
Harrisburg, PA 17105

U. S. Dpt. of Health & Human Services  
Office for Civil Rights  
Suite 372, Public Ledger Bldg.  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

PA Human Relations Commission  
Harrisburg Regional Office  
Riverfront Office Center  
1101 S. Front St., 5th Floor  
Harrisburg, PA 17104

Bureau of Equal Opportunity  
Central Regional Office  
Cameron & Maclay Street  
Bldg. 56, Patton House  
PO Box 61260  
Harrisburg, PA 17106-1260

**NOTICE**  
**Department of Public Welfare**  
**Office of Mental Health and Substance Abuse Services (OMHSAS)**  
**April 7, 2004**

Most OMHSAS licensed programs require an applicable Department of Labor & Industry Occupancy Certificate for the building where the program is located. This notice is provided to alert licensed providers of changes being made by the Department Labor & Industry Occupancy.

The Department of Labor & Industry is currently in the process of implementing the Uniform Construction Code (UCC). **These new regulations were published in the Pennsylvania Bulletin on January 10, 2004 and take effect April 9, 2004.** These new requirements will significantly change the building use classifications, definitions and processes for obtaining occupancy certificates for buildings. The following bullets offer an overview of what this may mean to providers:

- The current Department of Labor & Industry occupancy certificates will remain in effect unless:
  1. The use of the building changes, or
  2. Alterations are made to the building
  
- The new UCC regulations will not apply to new buildings or renovations of existing buildings for which an application for a permit was made or contract for design or construction was signed before the effective date of the UCC regulations.
  
- Municipalities are being given the option to be the enforcement authority for the UCC. A municipality is a township, city or bough. Several municipalities can join together in a council of governments (COG) to administer the new UCC. There are over 2600 municipalities in Pennsylvania, of which half are expected to "opt-in". For those municipalities that "opt-out", the Department of Labor and Industry will continue issuing the occupancy certificates for commercial buildings. **There is a 90 day municipality opt-in/opt-out period from April 9, 2004 to July 8, 2004.** A listing of those municipalities who opt-in will be posted on the Department of Labor & Industry website. There is no standardized occupancy certificate format required for municipalities. This may cause some confusion for mental health program staff who are not familiar with the building industry.
  
- The Department of Labor and Industry website is [www.dli.state.pa.us](http://www.dli.state.pa.us) . Click on "building code" under "quick links" shown at the right column near the bottom of the website home page. This website contains information regarding the UCC.

**Licensed providers are encouraged to pay attention to these changes.**

**Tyson, Dennis**

---

**From:** Tyson, Dennis  
**Sent:** Tuesday, September 09, 2003 2:05 PM  
**To:** Tyson, Dennis  
**Subject:** Pennsylvania Code.htm

---

The  
Pennsylvania

CODE

TITLE TOC

BROWSE

SEARCH

HOME

# CHAPTER 20. LICENSURE OR APPROVAL OF FACILITIES AND AGENCIES

## GENERAL PROVISIONS

Sec.

- 20.1. Purpose.
- 20.2. Applicability.
- 20.3. Legal base.
- 20.4. Definitions.

## LEGAL ENTITY

- 20.11. Responsibility.
- 20.12. Corporations.
- 20.13. Responsible person.

## APPLICATION

- 20.21. Application form.
- 20.22. Reapplication.

## INSPECTION

- 20.31. Annual inspection.
- 20.32. Announced inspections.
- 20.33. Other inspections.
- 20.34. Access.
- 20.35. Fire safety approval.
- 20.36. Civil rights compliance.
- 20.37. Emergency removal of residents.

### **FEES**

- 20.41. Payment of fees.
- 20.42. Amount of fees.

### **CERTIFICATE OF COMPLIANCE**

- 20.51. Issuance.
- 20.52. Plan of correction.
- 20.53. Regular certificate of compliance.
- 20.54. Provisional certificate of compliance.
- 20.55. Preparation of certificate of compliance.
- 20.56. Posting of the certificate of compliance.
- 20.57. Restrictions on certificate of compliance.
- 20.58. Notification of change.

### **NEGATIVE SANCTIONS**

- 20.71. Conditions for denial, nonrenewal or revocation.

### **APPEALS**

- 20.81. Decisions that may be appealed.
- 20.82. Written request for appeal.

### **Authority**

The provisions of this Chapter 20 issued under Articles IX and X of the Public Welfare Code (62 P. S. §§ 901—922 and 1001—1059), unless otherwise noted.

### **Source**

The provisions of Chapter 20 adopted July 19, 1985, effective August 19, 1985, 15 Pa.B. 2648, unless otherwise noted.

### **Cross References**

This chapter cited in 55 Pa. Code § 2380.11 (relating to licensure or approval of facilities); 55 Pa. Code § 2390.11 (relating to application); 55 Pa. Code § 2620.11 (relating to other applicable statutes and regulations); 55 Pa. Code § 2620.82 (relating to penalties); 55 Pa. Code § 3130.1 (relating to applicability and compliance); 55 Pa. Code § 3270.3 (relating to applicability); 55 Pa. Code § 3270.11 (relating to application for and issuance of a certificate of compliance); 55 Pa. Code § 3280.3 (relating to applicability); 55 Pa. Code § 3280.11 (relating to application for and issuance of a certificate of compliance); 55 Pa. Code § 3300.12 (relating to application); 55 Pa. Code § 3800.11 (relating to licensure or approval of facilities); 55 Pa. Code § 5200.5 (relating to application and review process); 55 Pa. Code § 5210.5 (relating to application review process); 55 Pa. Code § 5310.2 (relating to policy); 55 Pa. Code § 5310.4 (relating to certification of compliance); 55 Pa. Code § 5310.5 (relating to waiver of standards); 55 Pa. Code § 5320.3 (relating to definitions); 55 Pa. Code § 5320.11 (relating to prerequisites to licensure); 55 Pa. Code § 5320.12 (relating to sanctions); 55 Pa. Code § 6000.24 (relating to Chapter 20 requirements); 55 Pa. Code § 6400.11 (relating to licensure or approval of facilities and agencies); and 55 Pa. Code § 6500.11 (relating to licensure or approval of facilities and agencies).

## GENERAL PROVISIONS

### § 20.1. Purpose.

The purpose of this chapter is to specify:

- (1) Procedures for the application for a certificate of compliance.
- (2) Frequency and content of Departmental inspections.
- (3) Procedures for the preparation and issuance of a certificate of compliance.
- (4) Conditions under which a certificate of compliance may be denied, not renewed, or revoked.
- (5) Departmental licensure or approval decisions that may be appealed.

### § 20.2. Applicability.

- (a) This chapter applies to facilities and agencies subject to licensure or approval under Articles IX and X of the Public Welfare Code (62 P. S. § § 901—922 and 1001—1080).
- (b) This chapter does not apply to family day care homes that are registered under the authority of Article X of the Public Welfare Code (62 P. S. § § 1001—1080).
- (c) This chapter applies in addition to applicable program licensure or approval regulations.

### § 20.3. Legal base.

The legal authority for this chapter is Articles IX and X of the Public Welfare Code (62 P. S. § § 901—922 and 1001—1080).

### § 20.4. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

*Agency*—An organization that operates facilities or provides services for which the Department has promulgated licensure or approval regulations.

*Appeal*—A signed and dated written request for reconsideration or modification of a Departmental decision that affects the certificate of compliance of a facility or agency.

*Approval*—Certification of compliance with program regulations promulgated under Article IX of the Public Welfare Code (62 P. S. § § 901—922).

*Certificate of compliance*—A document issued to a legal entity permitting it to operate a specific type of facility or agency, at a given location, for a specified period of time, and according to appropriate Departmental program licensure or approval regulations.

*Change of ownership*—The sale or transfer of a facility or agency from one legal entity to another with the expectation that the facility or agency will continue to operate for the same purpose for which it is licensed or approved at the time of the sale or transfer.

*Denial*—Refusal to issue a certificate of compliance to a new applicant.

*Department*—The Department of Public Welfare of the Commonwealth.

*Existing facility or agency*—A facility or agency that has been licensed or approved by the Department within the preceding 12 months.

*Facility*—Individual premises for which the Department has promulgated licensure or approval regulations.

*Legal entity*—A person, society, corporation, governing authority or partnership legally responsible for the administration and operation of a facility or an agency.

*Licensure*—Certification of compliance with program regulations promulgated under Article X of the Public Welfare Code (62 P. S. § § 1001—1080).

*New facility or agency*—A facility or agency that has not been licensed or approved by the Department within the preceding 12 months.

*Nonprofit*—Operating other than for profit.

*Nonrenewal*—Refusal to renew a regular or provisional certificate of compliance.

*Profit*—Operating with the expectation of providing a financial benefit to someone or something other than the facility or agency itself. The focus is upon the ultimate aim of the enterprise, not the financial results of a particular period of operation. The focus is also upon the particular premises involved and not the legal entity which operates the facility or agency. A nonprofit legal entity may be considered as operating a facility or agency for profit if the particular premises involved provide a financial benefit to the parent legal entity. A legal entity not possessing a certificate of tax exempt status from the Internal Revenue Service will be considered operating for profit unless it provides satisfactory proof otherwise.

*Provisional certificate of compliance*—A certificate of compliance indicating substantial, but not complete, compliance with program licensure or approval regulations.

*Regular certificate of compliance*—A certificate of compliance indicating compliance with program licensure or approval regulations.

*Revocation*—Retraction of a certificate of compliance prior to its expiration.

## LEGAL ENTITY

### § 20.11. Responsibility.

In addition to complying with the procedural regulations set forth in this chapter, the legal entity shall comply with the Department's program licensure or approval regulations for the particular type of facility or agency which the legal entity operates.

### § 20.12. Corporations.

If the legal entity is a corporation, it shall submit a copy of the articles of incorporation to the Department at the time of initial application for a certificate of compliance.

### § 20.13. Responsible person.

The legal entity shall specify in writing at the time of application and reapplication the name of the person who is responsible for the daily operation of the facility or agency.

## APPLICATION

### § 20.21. Application form.

(a) The legal entity responsible for a facility or agency subject to approval under Article IX of the Public Welfare Code (62 P. S. § § 901—922) shall submit an application for a certificate of compliance prior to the inspection and issuance of a certificate of compliance by the Department.

(b) The legal entity responsible for a facility or agency subject to licensure under Article X of the Public Welfare Code (62 P. S. § § 1001—1080) shall submit an application for a certificate of compliance prior to commencing operation of the facility or agency and may not commence operation until notified that a certificate of compliance will be issued.

(c) The application for a certificate of compliance shall be completed and submitted on the form prescribed and provided by the Department.

(d) The legal entity shall complete and submit a separate application for a certificate of compliance for each facility or agency subject to licensure or approval.

(e) The legal entity shall report on the application for a certificate of compliance fictitious names which are required by statute to register with the Department of State under 54 Pa.C.S. § § 301—332 (relating to

fictitious names).

### Cross References

This section cited in 55 Pa. Code § 20.22 (relating to reapplication).

#### § 20.22. Reapplication.

(a) If the legal entity intends to continue operating the facility or agency, it shall complete and submit to the Department an application for a certificate of compliance at least 60 days prior to the expiration of the facility's or agency's existing regular or provisional certificate of compliance.

(b) Application for renewal of a certificate of compliance shall be made in accordance with § 20.21 (relating to application form).

## INSPECTION

#### § 20.31. Annual inspection.

An authorized agent of the Department will conduct an on-site inspection of a facility or agency at least once every 12 months.

#### § 20.32. Announced inspections.

The facility or agency will be advised in advance of the date of the annual inspection.

#### § 20.33. Other inspections.

(a) The facility or agency is subject to both announced and unannounced on-site inspections.

(b) The facility or agency is subject to complaint inspections.

#### § 20.34. Access.

The facility or agency shall provide to authorized agents of the Department full access to the facility or agency and its records during both announced and unannounced inspections. The facility or agency shall provide the opportunity for authorized agents of the Department to privately interview staff and clients.

#### § 20.35. Fire safety approval.

(a) A facility shall have written fire safety approval from either the Department of Labor and Industry or the Department of Health of the Commonwealth—or the local Department of Public Safety in the cities of Scranton and Pittsburgh or the local Department of Licensing and Inspection in Philadelphia—if applicable.

(b) A facility shall have written fire safety approval, if applicable, prior to issuance of a certificate of compliance. If fire safety authorities do not carry out their mandated functions in a timely fashion, the Department, prior to fire safety approval, may issue a certificate of compliance if the health and safety of

the clients are not in jeopardy.

(c) Authorized agents of the Department will request additional fire safety inspections by the appropriate agency if, during an inspection, an authorized agent observes possible fire safety violations.

### § 20.36. Civil rights compliance.

A facility shall comply with the following statutes and regulations that prohibit discrimination on the basis of race, color, religious creed, ancestry, sex, handicap, age or national origin:

- (1) The Pennsylvania Human Relations Act (43 P. S. § § 951—962.2).
- (2) The Age Discrimination Act of 1975, 42 U.S.C.A. § § 6101—6107.
- (3) Title VI of the Civil Rights Act of 1964, 42 U.S.C.A. § § 2000d—2000d-4, if applicable.
- (4) Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. § 794, if applicable.

(Editor's Note: See Appendix A (relating to civil rights compliance—statement of policy.)

### § 20.37. Emergency removal of residents.

If the Department finds evidence of gross incompetence, negligence, misconduct in operating the facility or agency, or mistreatment or abuse of clients, likely to constitute an immediate and serious danger to the life or health of the clients, the Department will take immediate action to remove the clients from the facility or agency. If physical obstruction is offered to prevent removal of the clients the Department will request law enforcement authorities to assist in the removal of the clients.

## Notes of Decisions

### *Emergency Removal*

Testimony by a Department of Health employe that an emergency and health crisis existed at a care facility, in which patients were confused, unidentified and unkept, constituted substantial evidence as a matter of law to support an emergency finding thereby requiring the immediate removal of the patients. *Colonial Manor Personal Care Boarding Home v. Department of Public Welfare*, 551 A.2d 347 (Pa. Cmwlth. 1988).

### *Inconsistency*

The remedy of emergency removal of patients under this section is not inconsistent with a statutory license suspension and both may be imposed. *Colonial Manor Personal Care Boarding Home v. Department of Public Welfare*, 551 A.2d 347 (Pa. Cmwlth. 1988).

## FEES

### § 20.41. Payment of fees.

The legal entity shall pay the applicable fee, if any, prior to the issuance of a certificate of compliance.

**§ 20.42. Amount of fees.**

(a) The following fees shall be paid for a regular certificate of compliance:

<i>Type of Facility</i>	<i>Profit</i>	<i>Public or Nonprofit</i>
Adult Day Care Center	\$15	0
Maternity Home	\$15	0
Community Residential Mental Retardation Facility or Agency	\$50	0
Psychiatric Clinic	\$50	0
Partial Hospitalization Programs	\$50	0
Private Psychiatric Hospital	\$50	0
Vocational Facility Serving Primarily Mental Health, Mental Retardation or Mental Health and Mental Retardation Clients	\$50	0

(b) No fee is required for a facility or agency not listed in subsection (a).

(c) The fee for a provisional certificate of compliance is 1/12 of the fee for the annual certificate of compliance multiplied by the number of months for which the certificate of compliance is issued.

(d) The application fee for personal care homes applies regardless of profit or nonprofit status and is based on the number of beds licensed, as follows:

<i>Number of Beds</i>	<i>Fee</i>
0-20	\$15
21-50	20
51-100	30
101 beds and over	50

**Authority**

The provisions of this § 20.42 amended under sections 1006 and 1021 of the Public Welfare Code (62 P. S. § § 1006 and 1021).

**Source**

The provisions of this § 20.42 amended December 19, 1986, effective December 20, 1986, 16 Pa.B. 4886. Immediately preceding text appears at serial page (99292).

**(Editor's Note:** Fees for Personal Care Homes were changed by the act of December 21, 1988 (P. L. 1885, No. 185).)

**CERTIFICATE OF COMPLIANCE**

**§ 20.51. Issuance.**

A certificate of compliance will be issued to the legal entity by the Department if, after an inspection by an authorized agent of the Department, it is determined that requirements for a certificate of compliance are met.

**§ 20.52. Plan of correction.**

If, during an inspection, authorized agents of the Department observe items of noncompliance with licensure or approval regulations, the legal entity shall submit an acceptable written plan to correct each noncompliance item and shall establish an acceptable period of time to correct these items.

**§ 20.53. Regular certificate of compliance.**

A regular certificate of compliance is issued if the facility or agency is in compliance with applicable statutes, ordinances and regulations.

**Notes of Decisions***Regular License*

In order to receive a regular license, petitioner was required to be in compliance in the first instance as opposed to responding and correcting violations cited under provisional license reviews. *Holmes Constant Care Center v. Department of Public Welfare*, 555 A.2d 282 (Pa. Cmwlth. 1989).

**§ 20.54. Provisional certificate of compliance.**

(a) A provisional certificate of compliance is issued if the facility or agency is in substantial, but not complete, compliance with applicable statutes, ordinances, and regulations.

(b) A provisional certificate of compliance is issued for a specified length of time, not to exceed 6 months.

(c) A maximum of four consecutive provisional certificates of compliance may be issued to the legal entity for each specific facility or agency.

**Notes of Decisions***Provisional License*

Since the number of regulatory violations had increased since the first inspection of the day care facility, the applicant had not demonstrated substantial compliance to be issued a provisional license. *Borroughs v. Department of Public Welfare*, 606 A.2d 606 (Pa. Cmwlth. 1992).

**§ 20.55. Preparation of certificate of compliance.**

(a) The certificate of compliance is issued to the legal entity.

(b) The certificate of compliance lists the name of the legal entity, the name and address of the facility or

agency, satellite sites, if applicable, type of service provided, maximum capacity, title and chapter of applicable licensure or approval regulations, the date the regulations were adopted, certificate number, effective and expiration dates of the certificate, and restrictions, if applicable.

(c) A provisional certificate of compliance also contains the word "Provisional" and indicates whether it is the first, second, third or fourth provisional certificate issued.

#### **§ 20.56. Posting of the certificate of compliance.**

The facility or agency shall post the current certificate of compliance in a public place in the facility or agency.

#### **§ 20.57. Restrictions on certificate of compliance.**

(a) A certificate of compliance is issued to a legal entity for a specific facility or agency and is not transferrable.

(b) A certificate of compliance is void without notice if one of the following conditions exist:

(1) There is a change in the ownership of the legal entity of the facility or agency. A transfer of stock of a corporation does not, for purposes of this chapter, constitute a change of ownership of a legal entity.

(2) There is a change in the name of the facility or agency.

(3) There is a change in the location of the facility or agency.

(4) There is a change in the profit or nonprofit status of the facility or agency.

#### **§ 20.58. Notification of change.**

(a) The legal entity shall notify the Department at least 30 days in advance of the intention to change the legal entity, name, location or profit or nonprofit status of the facility or agency.

(b) If the facility or agency is to be operated under a new legal entity, new name, new location, or different status, the legal entity shall complete and submit a new application for a certificate of compliance at least 30 days in advance of the change.

(c) If a change occurs which is not included in subsections (a) and (b)—for example, change in responsible person—the legal entity shall notify the Department within 30 days after the change occurs.

### **NEGATIVE SANCTIONS**

#### **§ 20.71. Conditions for denial, nonrenewal or revocation.**

(a) The Department may deny, refuse to renew or revoke a certificate of compliance for any of the following:

(1) Failure to comply with this chapter.

- (2) Noncompliance with the Department's program licensure or approval regulations.
  - (3) Failure to submit an acceptable plan to correct noncompliance items.
  - (4) Failure to comply with the acceptable plan to correct noncompliance items.
  - (5) Mistreatment or abuse of clients being cared for in the facility or receiving service from the agency.
  - (6) Gross incompetence, negligence or misconduct in operating the facility or agency.
  - (7) Fraud or deceit in obtaining or attempting to obtain a certificate of compliance.
  - (8) Lending, borrowing or using the certificate of compliance of another facility or agency, or knowingly aiding or abetting the improper granting of a certificate of compliance.
- (b) The Department will review and may deny, refuse to renew or revoke a certificate of compliance if a legal entity, owner, operator or staff person:
- (1) Has been convicted of a felony.
  - (2) Has been convicted of a crime involving child abuse, child neglect, moral turpitude or physical violence.
  - (3) Has serious mental illness which might create a risk to the clients, which shall be determined and documented by a licensed physician or a licensed psychologist.
  - (4) Has evidenced drug or alcohol addiction within the past year, which shall be determined and documented by a licensed physician.
  - (5) Has been named as a perpetrator in an indicated or founded report of child abuse in accordance with the Child Protective Services Law (11 P. S. § § 2201—2224).

### Notes of Decisions

#### *Plan to Correct Noncompliance Items*

A personal home care provider's failure to submit an acceptable plan to correct noncompliance items warranted nonrenewal of a license; proof of noncompliance. Items need not be presented by the Department. *Clites v. Department of Public Welfare*, 548 A.2d 1345 (Pa. Cmwlth. 1988).

This section does not require that the failure to file a plan of correction be willful and failure to file is grounds for refusal to renew a certificate of compliance. *McFarland v. Department of Public Welfare*, 551 A.2d 364 (Pa. Cmwlth. 1988).

### APPEALS

#### § 20.81. Decisions that may be appealed.

The legal entity has the right to appeal any of the following:

- (1) The denial of a certificate of compliance.
- (2) The nonrenewal of a certificate of compliance.
- (3) The revocation of a certificate of compliance.
- (4) The issuance of a provisional certificate of compliance.
- (5) The length of time for which a provisional certificate of compliance is issued.
- (6) The reduction in the maximum capacity of the facility or agency.
- (7) The denial of an increase in the maximum capacity of the facility or agency.

#### **Cross References**

This section cited in 55 Pa. Code § 20.82 (relating to written request for appeal).

#### **§ 20.82. Written request for appeal.**

The legal entity may appeal a Departmental decision specified in § 20.81 (relating to decisions that may be appealed) under 2 Pa.C.S. §§ 501—508 and 701—704 (relating to Administrative Agency Law) and § 9003 of the DPW Manual to be codified at Chapter 30 (relating to licensure or approval appeal procedures).

## **APPENDIX A CIVIL RIGHTS COMPLIANCE— STATEMENT OF POLICY**

(a) A facility shall comply with the following statutes and regulations thereunder that prohibit discrimination on the basis of race, color, religious creed, disability, handicap, ancestry, national origin, age or sex:

- (1) The Pennsylvania Human Relations Act (43 P. S. §§ 951—962.2).
- (2) The Age Discrimination Act of 1975 (42 U.S.C.A. §§ 6101—6107).
- (3) Title VI of the Civil Rights Act of 1964 (42 U.S.C.A. §§ 2000d—2000d-4), if applicable.
- (4) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.A. § 794), if applicable.
- (5) Title VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000e—2000e-17), if applicable.

(b) A Certificate of Compliance will not be granted to a provider unless there has been compliance with civil rights laws and applicable regulations.

(c) Applicants, clients or staff will not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, national origin, age or sex and shall observe applicable State and Federal statutes and regulations.

(d) The facility shall develop and implement civil rights policies and procedures for clients and staff in accordance with applicable civil rights laws and regulations which include the following:

(1) A nondiscrimination policy which states that admissions, referrals, services and employment actions are provided without regard to race, sex, color, national origin, ancestry, religious creed, disability, handicap or age.

(2) Reasonable physical accommodations and program accessibility to staff or clients with physical disabilities.

(3) A procedure by which staff and clients can file complaints alleging discrimination and have their complaints investigated and resolved objectively which includes the name of the person assigned to investigate the complaint.

#### Source

The provisions of this Appendix A adopted March 16, 1990, effective March 17, 1990, 20 Pa.B. 1516.

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**Annex A**

**TITLE 55. PUBLIC WELFARE**

**PART VII. MENTAL HEALTH MANUAL**

**Subpart D. NONRESIDENTIAL  
AGENCIES/FACILITIES/SERVICES**

**CHAPTER 5260. FAMILY BASED MENTAL HEALTH  
SERVICES FOR CHILDREN AND ADOLESCENTS**

**GENERAL PROVISIONS**

Sec.	
5260.1.	Scope.
5260.2.	Objectives.
5260.3.	Definitions.

**GENERAL REQUIREMENTS**

5260.11.	Providers participation.
5260.12.	Consumer eligibility.

**STRUCTURE AND ORGANIZATION**

5260.21.	Organizational requirements.
5260.22.	Relationship to other parts of the system.
5260.23.	Staff requirements.

**RESPONSIBILITIES**

5260.31.	Responsibilities of providers.
5260.32.	Responsibilities of county administrators.

**RECORD AND PAYMENT REQUIREMENTS**

5260.41.	Recordkeeping.
5260.42.	Record contents.
5260.43.	Treatment plan.
5260.44.	Policies and procedures.
5260.45.	Payment.
5260.46.	Reconciliation of costs.
5260.47.	Quality assurance and utilization review.

**CONSUMER FAMILY RIGHTS**

5260.51.	Participation and freedom of choice.
5260.52.	Confidentiality.
5260.53.	Nondiscrimination.
5260.54.	Right of appeal

## GENERAL PROVISIONS

### § 5260.1. Scope.

This chapter establishes minimum standards for the provision of Family-Based Mental Health Services for children and adolescents -°under 21. yearn of: age with a serious mental illness or emotional disturbance who are at risk of psychiatric hospitalization or out-of-home placement, and their families. It is applicable to county administrators and to providers -approved by county administrators , and the Office of Mental Health to provide Family-Based Mental Health Services for Children and Adolescents.

### § 5260.2. Objectives.

The primary goal of Family-Based Mental Health Services is to enable parents to care for their children who are seriously mentally ill or emotionally disturbed at home and to reduce the need for child and adolescent out-of-home placements. Related objectives are to strengthen and' maintain families: by means of therapeutic intervention, improve coping skills, teach family members to care for the child or adolescent and serve as an advocate for the child or adolescent. Family-Based Mental Health Services provide access to mental health treatment services for family members who may be unable or unwilling to participate in traditional outpatient programs. Finally, it provides transition to agencies and practitioners in the community who will provide services and support for the family and child or adolescent after Family-Based Mental Health Services are ended.

### § 5260.3. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

*Adolescent* - An individual 14 years of age or older and under 21 years of age.

*Child* - An individual under 14 years of age.

*Consumer* - The child or adolescent who is identified as the primary recipient of Family-Based Mental Health Services for purposes of determining eligibility, recordkeeping and billing.

*Consumer family* - The consumer and the members of the consumer's family who are participating in a Family. Based Mental Health Services program.

*County administrator* - The mental health/mental retardation administrator who has jurisdiction in the geographic area.

*County plan* - The County Human Services Plan which includes the target population, service needs, program planning, an estimate of revenues and expenditures and specifically describes how Family-Based Mental Health Services will be made available, including the anticipated expenditures for the services.

*Department* - The Department of Public Welfare of the Commonwealth.

*EPSDT* - Early and periodic screening, diagnosis and treatment-A program established under provisions of Medicaid (42 CFR 441 Subpart B) (relating to Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals Under Age 21) to

provide expanded health services to eligible individuals under 21 years of age.  
*Emotional disturbance* - A condition evidenced by a child's inability to function in the home, school or community and which requires multiple mental health, medical, social, educational or family supports.

*Family-Parents*, as defined in this section, siblings and other relatives living in the home.

*Mental illness* - The existence of a mental disability subject to DSM III-R diagnosis, excluding mental retardation or substance abuse as the primary diagnosis, rendered by a licensed physician or licensed psychologist. The DSM III-R is the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised, published by the American Psychiatric Association, 1957, 1400 K Street, N. W., Washington, D. C. 20005, and any subsequent editions.

*Parent* - The biological or adoptive mother or father or the legal guardian of the child or a responsible relative or caretaker with whom the child regularly resides.

## GENERAL REQUIREMENTS

### § 5260.11. Provider participation.

- (a) County mental health/mental retardation programs and public and private agencies are eligible to participate as Family-Based Mental Health Service providers if they are included in a county plan which has been approved by the Department- and licensed as providers by the Office of Mental Health.
- (b) Providers shall be enrolled as a Medical Assistance provider by the Office of Mental Health by the end of the first year of funding.
- (c) Providers shall abide by provisions of Chapter 1101 (relating to general provisions) and the Medical Assistance Provider Agreement.
- (d) Providers shall comply with Chapter 20 (relating to licensure or approval of facilities and agencies).
- (e) Providers shall meet the standards set forth in this chapter unless a waiver has been granted. The Department, through the Deputy Secretary for Mental Health, may grant a waiver: not to exceed t year, subject to renewal if the following conditions are met:
  - (1) The provider has documented its unsuccessful attempts to meet standards.
  - (2) Issuance of the waiver will not adversely affect the quality of services or consumer family rights.

### § 5260.12. Consumer eligibility.

- (a) Children and adolescents and members of their families are eligible for Family-Based Mental Health Services if the following exist:

- (1) A child or adolescent has a mental illness or emotional disturbance and is determined to be at risk for out-of-home placement, such as inpatient psychiatric care, residential care, foster care, and the like.
- (2) A determination of eligibility and a recommendation for Family-Based Mental Health Service treatment is made by a licensed physician or licensed psychologist prior to the initiation of services and is documented
- (3) At least one adult member of the consumer's family agrees to participate in the service.

(b) The agreement by the adult member shall be documented.

(c) Payment for service shall be authorized by the county administrator or a designee within 20 days of the initial date of service.

(d) A consumer family is eligible for a 32-week period of service, beginning on the first date of service.

(e) Additional periods of service may be provided if the following exist:

- (1) Each additional period of service is based upon an updated recommendation by a licensed physician or licensed psychologist.
- (2) The service is reauthorized by the county administrator or designee.

(f) If one or more other child care agencies are involved with the consumer, for example, Drug and Alcohol, Children and Youth, Juvenile Probation or Education, there shall be a consensus that Family-Based Mental Health Services are needed. A jointly developed, written plan which documents the service responsibilities of each agency shall be included. treatment plan within 30 days of the initial date of service.

## **STRUCTURE AND ORGANIZATION**

### **§ 5260.21. Organizational requirements.**

(a) Family-Based Mental Health providers shall ensure that the following organizational requirements are met:

- (1) Family-Based Mental Health Services shall be organized and identified as a separate unit within the organization of the enrolled provider.
- (2) Overall supervision of the unit shall be provided by a director who is employed full-time by the Family-Based Mental Health Services Program. The full-time employment may include supervision of a Family Preservation Program, as defined by the Department, Office of Children, Youth and Families.
- (3) Services to a consumer family shall be provided by an identified team which consists of two child mental health professionals or a child mental health professional and a child mental health worker who provide treatment services under supervision of the program director. Additional staff persons possessing lesser qualifications may be

designated to provide support services, but these persons may not participate in treatment unless a member of the designated team is present to conduct the treatment session.

- (4) Each team may serve a maximum caseload of eight consumer families at a time.
- (5) There shall be a minimum of 1 hour of face-to-face contact per consumer family per week.
- (6) Service shall be available to the consumer family 24 hours a day, 7 days a week.
- (7) Team members, either individually or together, shall have face-to-face contacts with members of the consumer family on a regularly scheduled basis as well as when needed.

(b) The members of the treatment team and the program director may not be employed in another mental health program with the exception of the program director who may provide supervision for a Family Preservation Program.

#### **§ 5260.22. Relationship to other parts of the system.**

(a) Family-Based Mental Health Services are comprehensive mental health services which provide treatment, casework services and family support services.

(b) During the period that Family-Based Mental Health Services are provided, the only other mental health services that may be billed to the consumer are:

- (1) Psychiatric partial hospitalization.
- (2) Psychiatric clinic medication visits.
- (3) Two intensive case management contacts per month with, eight contacts permitted during the 30-day period prior to the date of discharge from Family-Based Mental Health Services.
- (4) A psychiatric evaluation.
- (5) Psychological testing and evaluation.
- (6) Psychiatric inpatient services.
- (7) Emergency, mental health services.

(c) If an adult member of the consumer family other than the consumer has mental illness and requires other mental health services, such as psychiatric outpatient clinic services, these services may not be provided by Family-Based Mental Health Services staff. These services shall be rendered by another provider and be billed according to the eligibility of that individual.

(d) Providers shall have written agreements with other child-serving agencies and frequently used community contacts to ensure cooperative efforts in serving the consumer family and to facilitate continuity of care.

#### **§ 5260.23. Staff requirements.**

(a) Staff members shall have clearance under 23 Pa.C.S. Chapter 63 (relating to the Child Protective Services Law) before providing service.

(b) The Program Director shall have one of the following:

- (1) A graduate degree in psychiatry, psychology, social work, nursing, rehabilitation, education or a graduate degree in the field of human services plus at least 3 years direct care experience with children or adolescents in the following Child and Adolescent Service System Program (CASSP) systems: Mental Health, Mental Retardation, Education, Special Education, Children and Youth, Drug and Alcohol, Juvenile Justice, Health Care and Vocational Rehabilitation, including 2 years of supervisory experience in any program of the CASSP system.
- (2) Supervisory certification from the American Association of Marriage and Family Therapists.
- (3) A bachelor's degree with a major in a field of human service plus at least 3 years direct care experience with children and adolescents in a CASSP system program and may direct a Family-Based Mental Health Program if the Department approves, and the service of a clinical consultant is obtained to provide clinical support at least 3 hours of service per team per week for a program with one team plus 1 hour per team per week for each additional team. The clinical consultant may not provide direct Family-Based Mental Health Services for the provider. The clinical consultant shall:
  - (i) Be a psychiatrist or a person with a master's degree in a field of human service plus 3 years of direct mental health service experience in working with children and families.
  - (ii) Oversee treatment plans and other direct and indirect clinical support as assigned by the program director.

(c) A child mental health professional shall have one of the following:

- (1) A graduate degree in psychiatry, psychology, social work, nursing, education, rehabilitation or a graduate degree in the field of human services plus 2 years experience in a CASSP system program.
- (2) Be a licensed registered nurse (RN) with 5 years of experience including 2 years of experience in a CASSP system program plus have certification by the Department's Office of Mental Health (OMH) as a mental health family based worker.
- (3) A bachelor's degree in psychology, sociology, social work, nursing, rehabilitation, education, pre-med, theology, anthropology or a degree in the field of human services plus certification by OMH as a mental health family based worker.

(d) A child mental health worker shall do one of the following:

- (1) Have a bachelor's degree in psychology, sociology, social work, nursing, rehabilitation, pre-med, theology or anthropology plus 1 year of experience in a CASSP system program:
- (2) Have 12 college level semester hours in humanities or social services plus 1 year of experience in a CASSP system program and be enrolled for certification by OMH as a mental health family based worker.
- (3) Be a licensed RN plus have 1 year of experience in a CASSP system program and be enrolled for certification by OMH as a mental health family based worker.

(e) The program director shall have at least one documented supervisory meeting with each team at least once a week.

## **RESPONSIBILITIES**

### **§ 5260.31. Responsibilities of providers.**

Family-Based Mental Health Service providers shall:

- (1) Abide by this chapter, Appendix A, Chapters 1101, and 4300 (relating to general provisions; and County Mental Health and Mental Retardation Fiscal Manual), the Mental Health Procedures Act (50 P. S. §§ 71017503) and other applicable laws and regulations.
- (2) Abide by provisions of the county plan.
- (3) Deliver services at times most convenient to the consumer family in a manner that promotes family cohesiveness.
- (4) Inform members of the consumer family when service planning is initiated of their rights, including confidentiality, freedom of choice and the right of appeal, and document that this information has been provided.
- (5) Encourage members of the consumer family to participate in planning and service.
- (6) Require staff persons to attend appropriate training on a regular basis and as required by the Department.
- (7) Have a written schedule or plan which is provided to consumers and their families showing how 24-hour, 7 day-per-week service availability is assured.
- (8) Maintain overall supervision of Family-Based Mental Health Services, assuring that the following activities are appropriately employed in serving consumers and their families:
  - (i) Treatment services which may include individual, family and group therapy and counseling, sensitivity training, play therapy, recreational therapy, cognitive techniques, parenting skills, assertiveness training, reality therapy, rational/emotive therapy, modeling, behavior modification and coping skills.
  - (ii) Assessment.
  - (iii) Planning.
  - (iv) Family support.
  - (v) Service linkage.
  - (vi) Referral.
- (9) Participate in program evaluation as required by the Department.
- (10) Submit reports required by the Department in a timely manner.

### **§ 5260.32. Responsibilities of county administrators.**

The county administrator shall:

- (1) Make annual reviews to verify that providers comply with this chapter and the

county plan.

- (2) Provide fiscal and program reports as required by the Department.
- (3) Certify that State matching funds are available for Medicaid compensable services.
- (4) Directly or by a designated agent, authorize payment for each 32-week period of Family-Based Mental Health Services within 20 days of the initial service to the consumer family.
- (5) Submit notice to the Department if Family-Based Mental Health Services are reauthorized for an additional period of service.
- (6) Forward a request to the Department for approval to use a clinical consultant if the program director does not meet the staff qualifications.

## **RECORD AND PAYMENT REQUIREMENTS**

### **§ 5260.41 Recordkeeping.**

The provider shall:

- (1) Maintain Family-Based Mental Health Service records which are separate and complete from other program records.
- (2) Ensure that written procedures and records are kept in accordance with this chapter and Chapters 1101 and 4300 (relating to general provisions; and County Mental Health and Mental Retardation Fiscal Manual).
- (3) Use forms and procedures required by the Department in this chapter and other appropriate documents.
- (4) Maintain records for at least 4 years or until the consumer reaches age 21, whichever is longer.

### **§ 5260.42. Record contents.**

The record shall include at least the following information:

- (1) Identifying information which includes the name, address, birthdate, social security number, and the like for the consumer and other members of the consumer family.
- (2) Referral source and the recommendation by a physician or licensed psychologist for Family-Based Mental Health Services.
- (3) Presenting problems.
- (4) Consent to treatment forms.
- (5) Diagnosis and evaluation of the child or adolescent with the signature and legible name of the qualified professional.
- (6) A medical history of the child or adolescent, including a copy of a current physical examination which conforms to the EPSDT Program periodicity schedule.
- (7) A social and developmental history of the child or adolescent, including the roles of other members of the consumer family.
- (8) Treatment, plans and updates, including the responsibilities of each member of the team.
- (9) Entries and progress notes for every contact, including the duration of the contact,

with the signature and legible name of the responsible staff person who provided the services. Services may not be billed without proper documentation as back-up.

- (10) Documentation of changes in a consumer family's progress, including admission and discharge.
- (11) A discharge summary which includes an aftercare plan.
- (12) Referrals, listing the name of the agency or practitioner, the responsible person contacted and the purpose and anticipated outcome.
- (13) Other progress and evaluation forms required by the Department.

#### **§ 5260.43. Treatment plan.**

(a) The treatment team shall prepare a comprehensive treatment plan based on the strengths and needs of the consumer. The plan shall include:

- (1) The diagnosis and current mental status of the consumer.
- (2) A physical examination of the consumer within the previous 12 months.
- (3) An assurance that eligible individuals in the consumer family and their parents have been informed about the EPSDT Program under the Medical Assistance Program and the benefits of services available under the program to eligible persons under 21 years of age.
- (4) A psychosocial evaluation of the consumer family, including psychological, social, vocational and educational factors important to the consumer family and the dynamics within the consumer family unit.

(b) The treatment plan shall establish specific goals for the consumer and other members of the consumer family. The goals shall include:

- (1) Short-term, realistic, specific objectives related to each goal and described in terms of specific measurable outcomes and time lines..
- (2) The person responsible for carrying out each part of the plan.
- (3) The activities or modalities to be employed.
- (4) Objectives which are evaluated and redefined periodically according to the progress made in attaining the objectives.

(c) Plans and updates shall be prepared and reviewed with input from the consumer family, including children, as age and functionally appropriate.

- (1) The parent of a consumer who is a child shall sign the treatment ;plan and updates.
- (2) An adolescent who is, a consumer shall sign the treatment plan and updates:

(d) Progress notes shall clearly record the delivery of services and how the services relate to the .attainment of the goals in the treatment plan.

(e) The initial plan shall be prepared, reviewed and approved by the program director and clinical consultant, if required within 5 calendar days of the initial service.

(f) The plan shall be reviewed and updated at least " once a month thereafter.

**§ 5260.44. Policies and procedures.**

Each provider shall have on file a written policy procedure manual which shall be updated and purged regularly specifying the clinical policy and procedures of the program. This manual shall include at least the following:

- (1) Intake and termination policies and procedures.
- (2) The services to be provided and the scope of these services.
- (3) Policies providing for continuity of care for children and adolescents and their families discharged from the program.
- (4) Staff supervision and training.

**§ 5260.45. Payment.**

(a) Family-Based Mental Health Services are exempt from Medical Assistance co-payment charges and from State/county liability charges.

(b) When conditions of this chapter are met and the county plan is approved by the Department, FamilyBased Mental Health Services paid from county mental health allocations are eligible for 100% State financial participation.

(c) Family-Based Mental Health Services provided to the members of a consumer family shall be billed to the account of the consumer.

(d) Eligible individuals under 21 years of age in a family may receive the full range of Family-Based Mental Health Services from the same treatment team, but only one member of the family at a time may be enrolled as the consumer.

(e) If a Family-Based Mental Health Service is provided to a consumer who qualifies for Federal financial participation, the provider shall bill the Medical Assistance Program in accordance with procedures established by the Department under Chapter 1101 (relating to general policies). The non-Federal portion of the fee shall be met using the State portion of Family-Based Mental Health Service funds as provided for under this chapter through the allocation of funds to the county mental health program or other identified local funds under the control of the county administrator.

(f) Payments for room and board and services provided to consumer family members who are ineligible for Federal Medicaid payments shall be paid using all State funds.

(g) Services provided while the consumer is hospitalized cannot be submitted until the consumer returns home to continue involvement in the service.

(h) An eligible child or adolescent may not be denied needed Family-Based Mental Health Services merely because the child or adolescent is ineligible for Federally reimbursed services. In these circumstances, 100% State funds may be used to provide payment for the necessary service.

(i) Provider staff meetings, supervision, recordkeeping activities and other non-direct services, may not be billed as a Family-Based Mental Health Service Unit. Costs for these activities are included in the rate.

(j) The unit of service for billing purposes shall be 1/4 hour or major portion thereof in which a member of the team is one of the following:

(1) In face-to-face or telephone contact with a member of the consumer family or friends, service providers or other essential persons for the purpose of assisting the consumer family in meeting its treatment goals.

(2) In travel to sites of service outside of the provider agency.

(k) A provider specific fee for services payment methodology as established in § 1150.62 (relating to payment levels) shall be used to reimburse Family-Based Mental Health Services. Rates will be reevaluated annually.

#### **§ 5260.46. Reconciliation of costs.**

Providers of Family-Based Mental Health Services shall reconcile estimated expenditures to actual costs annually, utilizing procedures prescribed by the Department. Reconciliation does not allow providers to retain revenues which exceed costs.

#### **§ 5260.47. Quality assurance and utilization review.**

(a) The quality of Family-Based Mental Health Services shall be ensured by written provider quality assurance procedures and standards which include clinical case reviews, periodic staff conferences, written utilization review --documentation, required attendance at training programs for staff members and other oversight.

(b) Services are subject to review by the Department and appropriate agencies in accordance with §§ 1101.71-1101.75 and by authorized agents of the county government.

### **CONSUMER FAMILY RIGHTS**

#### **§ 5260.51. Participation and freedom of choice.**

(a) Providers shall have a written policy approved by the county administrator which assures consumers and their families of freedom of choice. The county administrator shall ensure that the provider fully discloses the fact that the agency is or may be performing other direct services which could be obtained at another agency if the consumer family members so desire.

(b) A family member, adolescent or parent, on behalf of a child, has the right to refuse to participate in Family-Based Mental Health Services without prejudice to other parts of his treatment program. When a child or adolescent needs Family-Based Mental Health

Services but a family member does not wish to participate, the circumstances and efforts to gain participation shall be documented.

(c) The parent with whom a child is living shall act on behalf of the child in service planning. The child shall be encouraged to participate in the process insofar as the child is able and insofar as participation is age and functionally appropriate.

(d) A parent may act on behalf of the child in decisions relating to services and shall be involved in decisions involving the formation of, and change in, plans for services.

(e) An adolescent may, consent to treatment or discharge without the consent of the parent if the adolescent substantially, understands the nature of treatment and may sign and release records under section 201 of the Mental Health Procedures Act (50 P. S. § 7201).

(f) If an adolescent acts independently, the parents shall be notified and have a right to object under section 204 of the Mental Health Procedures Act (50 P. S. § 7204).

#### **§ 5260.52. Confidentiality.**

Persons receiving Family-Based Mental Health Services are entitled to confidentiality of records and information as set forth in §§ 5100.31-5100.39 (relating to confidentiality of mental health records) and other applicable Federal and State requirements.

#### **§ 5260.53. Nondiscrimination.**

Enrolled providers may not discriminate against staff or consumer family members on the basis of age, race, sex, religion, ethnic origin, economic status or disability and shall observe applicable State and Federal statutes and regulations.

#### **§ 5260.54. Right of appeal.**

(a) Department actions against a consumer for mis-utilization or abuse are subject to the right of appeal in accordance with Chapter 275 (relating to appeal and fair hearing).

(b) Individuals who have been terminated from Family Based Mental Health Services over their objections, or the objection of a parent if the consumer is a child, shall have the right to appeal the decision.

## APPENDIX A

### *Service Characteristics*

Family-Based Mental Health Services are:

- Brief crisis stabilization as well as more extensive treatment, education and skill building for consumers and families enrolled in the program.
- Delivered primarily in the family home.
- A rapid response to need; services should begin within 24 hours of acceptance into the program.
- Time limited but flexible (additional periods of services may be approved).
- Team-delivered to broaden the base of clinical skills, achieve maximum therapeutic impact and provide mutual support, for therapists.
- Intensive.
- Characterized by a "whatever it takes" attitude.
- Relief services like sitter, homemaker, respite care, therapeutic recreational opportunities and transportation or new creatively developed methods of supporting families such as participation in parent support groups.

**Department of Public Welfare**  
**Office of Mental Health and Substance Abuse Services (OMHSAS)**

**Medicaid Enrollment Instructions**

**Crisis Intervention (CI) and Family Based (FB) Services**

Updated May 11, 2005

OMHSAS facilitates Medicaid enrollment for both fee for service and health Choices for CI and FB services in conjunction with the licensing process.

**Medicaid enrollment** is accomplished by enclosing the following with the initial licensing application package sent to the OMHSAS Licensing Coordinator. Upon receipt of the new license, the OMHSAS Medicaid Section will automatically enroll the applicant agency's CI or FB program in the Promise system. The agency will receive confirmation of enrollment, promise numbers and instructions shortly thereafter.

- A letter of support is required from each County (or County joiner) MH/MR Program Administrator where the provider will provide services to residents of that county (or counties). The letter must include one of the three statements below:
  1. The provider's service will be funded by Health Choices only.
  2. The County MH/MR Program will pay **STATE MATCHING FUNDS** for services billed to the State Medicaid Fee Schedule.
  3. The provider's service will be funded by Health Choices **and** the County MH/MR Program will pay **STATE MATCHING FUNDS** for services billed to the State Medicaid Fee Schedule. **The letter from the County MH/MR Administrator cannot say that STATE MATCHING FUNDS will be paid if available.**
- Completed a Pennsylvania Promise Provider Enrollment Application
- Completed (two copies) Office of Medical Assistance Programs Provider Agreement for Outpatient Providers
- Completed CI or FB Addendum – Provider Enrollment

## Provider Type 11 – Mental Health/Substance Abuse

Please enter your Specialty in #4 on the BASE application

### Specialty

110 – Psychiatric Outpatient
111 – Community Mental Health
112 – Licensed Outpatient Practitioner – MH
113 – Partial Psych Hospitalization Children
114 – Partial Psych Hospitalization Adult
115 – Family Based Mental Health
117 – Licensed Social Worker
118 – Mental Health Crisis Intervention
340 – Program Exception
362 – Attendant Care – Personal Assistant Service
363 – Companion Service
548 – Therapeutic Staff Support
549 – Mobile Therapy
559 – Behavioral Specialist Consultant

#7 on the application – Choose from the following Provider Eligibility Programs:

Fee-for-Service  
Behavioral Health Out of Network Provider\*  
Pennsylvania Department of Aging Waiver and Bridge Program

\*Contact OMHSAS for additional requirements

Please return application and documentation to:

**DPW/OMHSAS**  
**Bureau of Financial Management & Administration**  
**Room 502 Health & Welfare Building**  
**Harrisburg, PA 17120**

## PENNSYLVANIA PROMISE™ PROVIDER ENROLLMENT BASE APPLICATION

- Application must be typed or printed in black ink
- All information must be completed or marked "N/A"
- Original signature is required. Copied or stamped signatures are not acceptable.
- This application must be accompanied by a signed provider agreement.

**1. Action Request: Check Box(es) that apply**

- Initial Enrollment -  Individual  Group  Facility  
 Reactivate Provider #: \_\_\_\_\_ (Complete the application as an initial enrollment)  
 Name Change - Old Name \_\_\_\_\_ New Name \_\_\_\_\_  
 New Service Location for Legal Entity Provider # \_\_\_\_\_  
 Change to Service Location: Current 13 Digit Provider # \_\_\_\_\_  
 Change of Ownership  
      No Change in IRS number (See Instructions).  
      Change in IRS Number (Complete the application as an initial enrollment)  
 Add rendering provider to:  
      New provider group applicant - group name: \_\_\_\_\_ Is this a  
         doing business as (d/b/a) name? Yes  No   
      Existing provider group - specify group provider number: \_\_\_\_\_  
 Delete rendering provider from a provider group - specify group  
     provider number \_\_\_\_\_  
 Add or end-date provider eligibility program to existing provider - current  
     provider # \_\_\_\_\_

2. Requested Effective Date  
c c y / m m / d d

3. Provider Type

4. Specialty and code (See requirements  
for your provider type)

5. Sub-Specialty and code(s), if applicable  
(See requirements for your provider type)

6. Enter Individual name or Group/Facility name

Last Name

First

MI

For Internal Use Only: MPI Legal Entity Number \_\_\_\_\_  
 Service Location Code \_\_\_\_\_  
 Originating Program Office \_\_\_\_\_

## 7. Provider Eligibility Program:

See requirements for your provider type and choose at least one Provider Eligibility Program.

\_\_\_\_\_

## 8. Business Type: (Check ONE Box)

- Individual Practitioner     Business Corporation, for profit     Private; non profit     Chain  
 Sole Proprietorship     Business Corporation, non profit     Partnership  
 Government Owned     Private; for profit     Trust

9. Title/Degree (As it appears on License)

10. Gender

Male

Female

11. Date of Birth

c c y y / m m / d d

/ /

12. Country of Birth

13. State of Birth

14. Social Security Number

(For Individual Enrollment Only)

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15. Drug Enforcement Agency (DEA) Number

16. License Number

17. Issue Date

c c y y / m m / d d

/ /

18. Expiration Date

c c y y / m m / d d

/ /

19. Issuing State

20. Federal Tax ID Number

--- / -----

21. Legal Name According to IRS Document

22. Does the provider operate under a Fictitious Business/doing business as (d/b/a) name?

 Yes No

23. If yes, list the Statement/Permit number and the name.

24. Do you participate with any PA Medicaid Managed Care Organizations (MCO's)? If so, please list.

25. Legal Entity Address – Note: **A POST OFFICE BOX IS NOT A VALID LEGAL ENTITY ADDRESS. THE ADDRESS MUST BE A PHYSICAL LOCATION.**

Street

Room/Suite

City

State

Zip

County

26. Contact Name/Title

27. E-Mail/Web Address

28. Business Phone

( )

29. Toll – Free Phone

( )

30. Fax Number

( )



### 33. CONFIDENTIAL INFORMATION

Has any director, officer, manager, consultant, agent, employee, or volunteer of your organization/facility:

A. Been terminated, excluded, precluded, suspended, debarred from or had their participation in any federal or state health care program limited in any way, including voluntary withdrawal from a program for an agreed to definite or indefinite period of time?

Yes

No

B. Been the subject of a disciplinary proceeding by any licensing or certifying agency, had his/her License limited in any way, or surrendered a license in anticipation of or after the commencement of a formal disciplinary proceeding before a licensing or certifying authority? (e.g. License revocations, suspensions, or other loss of license or any limitation on the right to apply for or renew license or surrender of a license related to a formal disciplinary proceeding).

Yes

No

C. Had a controlled drug license withdrawn?

Yes

No

D. Been convicted of a criminal offense related to Medicare or Medicaid; practice of the provider's Provider's profession; unlawful manufacture, distribution, prescription or dispensing of a controlled substance; or interference with or obstruction of any investigation?

Yes

No

E. In connection with the delivery of a health care item or service, been convicted of a criminal offense relating to neglect or abuse of patients or fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct?

Yes

No

If you answered "yes" to any of the questions listed above, provide a detailed explanation (on a separate piece of paper) and attach it to your application. Include the following information as applicable to the situation: 1) name and title of individual, 2) name of federal or state health care program, 3) name of licensing/certifying agency taking the action, 4) type of action taken, 5) date of action, 6) length of action, 7) basis for action, 8) disposition/status, 9) date license was surrendered, 10) name of court, 11) date of conviction, 12) offense(s) convicted of, 13) sentence(s), 14) categorization of offense (e.g. felony, misdemeanor).

34.

\_\_\_\_\_  
Original Signature of Provider/Title

\_\_\_\_\_  
Date

**Additional Addresses for the Service Location**

**NOTE:** This sheet is not to be used to add service locations. To add a service location you must complete an application. This sheet is only to be used to add a mail to or a pay to address under a service location.

<b>Address</b>	<b>Street</b>	<b>Suite/PO Box</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>
Is this address a: <input type="checkbox"/> mail to address <input type="checkbox"/> pay to address			Medicare Number For this address Individual <input type="checkbox"/> Group <input type="checkbox"/>		E-Mail/Web Address	
Contact Name/Title		Business Phone ( )		Toll-Free Phone ( )		Fax Number ( )

<b>Address</b>	<b>Street</b>	<b>Suite/PO Box</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>
Is this address a: <input type="checkbox"/> mail to address <input type="checkbox"/> pay to address			Medicare Number for this address Individual <input type="checkbox"/> Group <input type="checkbox"/>		E-Mail/Web Address	
Contact Name/Title		Business Phone ( )		Toll-Free Phone ( )		Fax Number ( )

<b>Address</b>	<b>Street</b>	<b>Suite/PO Box</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>
Is this address a: <input type="checkbox"/> mail to address <input type="checkbox"/> pay to address			Medicare Number For this address Individual <input type="checkbox"/> Group <input type="checkbox"/>		E-Mail/Web Address	
Contact Name/Title		Business Phone ( )		Toll-Free Phone ( )		Fax Number ( )

## ENROLLMENT INSTRUCTIONS

### PENNSYLVANIA PROMISE™ PROVIDER ENROLLMENT BASE APPLICATION

Applications must be typed or completed in black ink to be accepted.

**Note: Out-of-State providers must submit proof of participation in your State's Medicaid Program.**

1. Check the appropriate box(es) for the action(s) you request.

If this is an initial enrollment, please check if it is for an individual, a group or a facility.

If you are reactivating a provider number please indicate the provider number you wish to have reactivated and complete the application as an initial enrollment.

If this is a name change, please indicate the old and the new name.

If this is a new service location please enter the current provider number.

If this is a change of address under a service location please list the current provider number for that service location.

If this is a change of ownership with no change in the IRS number, please complete the "Ownership or Control Interest" sheet.

If you are adding a provider to a new group, please specify the group name.

If you are adding a provider to an existing group, please enter the group provider number.

If you are deleting a provider from a group, please specify the group number.

2. Provide us with the date you wish the action to be effective.

3. Enter your provider type.
- 4-5. Enter your specialty name and code. Enter your sub-specialty name and code, if applicable. **(See Requirements for your Provider Type)**
6. Enter your complete name for individual or group/facility.
7. Enter the appropriate Provider Eligibility Program(s). See requirements for your provider type which lists which Provider Eligibility Program(s) your provider type is eligible for.
8. Check the appropriate box for your business type.
9. Enter the degree you currently hold.
10. Enter your gender.
- 11-13. Enter your date of birth, country of birth and state of birth.
14. Enter Social Security Number. **(A copy of your social security card or document from the IRS containing your SS# must accompany your application.)**
15. Enter your DEA Number (if applicable). **(If you have a DEA number, a copy of your certificate must accompany your application).**
- 16-19. Enter your license number, issue date, expiration date and issuing State. **(A copy of your license must accompany your application).**
20. Enter your Tax ID Number. **(A copy of the Tax ID # (TIN) label or document from the IRS containing your IRS# must accompany this application). A W-9 form will not be accepted.**
21. Enter your Legal name as it is filed with the IRS and as it appears on the IRS documentation.
- 22-23. Enter fictitious business information, if applicable. **(Attach a legible copy of the recorded/stamped fictitious business name statement/permit)**
24. Enter any PA Medicaid Managed Care Organizations that you participate with.

25. Enter your legal entity address. The address must be a physical location. A Post office box is not a valid home office address.
- 26-30. Enter contact information for legal entity.
31. Enter a valid service location address. The address must be a physical Location. **(Note: See attached sheet for additional address locations).**
- 31a. Enter the Medicare Number for this address.
- 31b-31f. Enter Contact information for this address.
- 31g. Enter languages other than English spoken at this service location.
- 31h. Answer questions 1 through 4 pertaining to the Americans with Disabilities Act (ADA).
32. If you do not have access to the internet, please provide the mailing address to which a handbook should be sent. **NOTE: This address must be in block 25, 31 or be listed as one of the additional addresses for the service location. It may not be a Post office box.**
33. Confidential information **(Mandatory)**.
34. Sign and Date.

**When completed, please return your application and other documentation to the address listed on the requirements for your specific provider type**

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
OFFICE OF MEDICAL ASSISTANCE PROGRAMS

PROVIDER AGREEMENT FOR OUTPATIENT PROVIDERS

1. This is to certify that \_\_\_\_\_  
(PROVIDER NAME)  
agrees to participate in the Pennsylvania Medical Assistance Program on the following terms:
2. The provider shall comply with all applicable State and Federal laws regulations, and policies which pertain to participation in the Pennsylvania Medical Assistance Program.
3. Specifically, and without limitations, the provider shall:
  - A. Keep any records necessary to disclose the extent of services the provider furnishes to recipients;
  - B. Upon request, furnish to the Department of Public Welfare, the United States Department of Health and Human Services, the Medicaid Fraud Control Unit, any other authorized governmental agencies and the designee of any of the foregoing, any information maintained under paragraph (A) above and any information regarding payments claimed by the provider for furnishing services under the Pennsylvania Medical Assistance Program; and
  - C. Comply with the disclosure requirements specified in 42 CFR, Part 455, Subpart B (relating to Disclosure of Information by Providers and Fiscal Agents), or any amendments thereto.
4. This agreement shall continue in effect unless and until it is terminated by either the provider or the Department. Either the provider or the Department may terminate this agreement, without cause, upon thirty days prior written notice to the other. The provider's participation in the Pennsylvania Medical Assistance Program may also be terminated by the Department, with cause, as set forth in applicable Federal and State law and regulations.

**PROVIDER**

By:

\_\_\_\_\_  
(Original Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name - Please Type or Print)

**ADDENDUM – PROVIDER ENROLLMENT - PT 11**  
**SPECIALTY – FAMILY BASED MENTAL HEALTH SERVICES – 115**

**Family Based Mental Health Services**

Effective Date of Enrollment: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

Certificate of Compliance (License) Number: \_\_\_\_\_

Certificate of Compliance effective date: \_\_\_\_\_

Ending Date of Certificate of Compliance: \_\_\_\_\_

**Funding Source**

HealthChoices Only: [ ]      Fee-For-Service: [ ]      Both: [ ]

**The following additional attachments are needed to complete package:**

- Letter of Support from County
- Certificate of Compliance (with attached letter)
- Two Provider Agreements with original signatures

**ADDENDUM – PROVIDER ENROLLMENT - PT 11**  
**SPECIALTY – MENTAL HEALTH CRISIS INTERVENTION SERVICES – 118**

**Mental Health Crisis Intervention Services**

**Telephone Crisis**

Effective Date of Enrollment: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

Certificate of Compliance (License) Number: \_\_\_\_\_

Certificate of Compliance effective date: \_\_\_\_\_

Ending Date of Certificate of Compliance: \_\_\_\_\_

**Walk-in Crisis**

Effective Date of Enrollment: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

Certificate of Compliance (License) Number: \_\_\_\_\_

Certificate of Compliance effective date: \_\_\_\_\_

Ending Date of Certificate of Compliance: \_\_\_\_\_

**Mobile Crisis, Individual Delivered**

Effective Date of Enrollment: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

Certificate of Compliance (License) Number: \_\_\_\_\_

Certificate of Compliance effective date: \_\_\_\_\_

Ending Date of Certificate of Compliance: \_\_\_\_\_

**Mobile Crisis, Team Delivered**

Effective Date of Enrollment: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

Certificate of Compliance (License) Number: \_\_\_\_\_

Certificate of Compliance effective date: \_\_\_\_\_

Ending Date of Certificate of Compliance: \_\_\_\_\_

**Crisis In-Home Support**

Effective Date of Enrollment: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

Certificate of Compliance (License) Number: \_\_\_\_\_

Certificate of Compliance effective date: \_\_\_\_\_

Ending Date of Certificate of Compliance: \_\_\_\_\_

**Medical Mobile Crisis, Team Delivered**

Effective Date of Enrollment: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

Certificate of Compliance (License) Number: \_\_\_\_\_

Certificate of Compliance effective date: \_\_\_\_\_

Ending Date of Certificate of Compliance: \_\_\_\_\_

**Crisis Residential**

Effective Date of Enrollment: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

Certificate of Compliance (License) Number: \_\_\_\_\_

Certificate of Compliance effective date: \_\_\_\_\_

Ending Date of Certificate of Compliance: \_\_\_\_\_

**Funding Source**

HealthChoices Only: [ ]      Fee-For-Service: [ ]      Both: [ ]

**The following additional attachments are needed to complete package:**

- Letter of Support from County
- Certificate of Compliance (with attached letter)
- Two Provider Agreements with original signatures