

OFFICE OF DEVELOPMENTAL PROGRAMS (ODP) Online payments – please follow the below instructions.

<https://www.bpp.ob.pa.gov/Customer> - review this page

Then follow this section to make the payment

[click this link to go directly to the payment page](#)

To **make a payment** for any other Commonwealth of PA Service, Fee or Program you can:

- Review "[How to make a payment for a Commonwealth of PA Service, Fee or Program \(Revenue or Refund of Expenditure\)](#)"
- **Make a payment** by searching the list of agencies and agency programs and then providing your personal and payment information to initiate payment; or, if you can't find the program you want to make a payment to
- Contact the agency providing the service, collecting the fee or administering to the program to request the ability to make electronic payment via this site...Please refer your contact at the agency to the OB Payment Center at [RA-OBACCTSRECEIVABLE@pa.gov](mailto:RA-OBACCTSRECEIVABLE@pa.gov).

When on the payment page,

Agency – Select **Human Services** from the drop-down box

Program ID – **001 – ODP OMHSAS LICENSING FEES**

Amount – Type in the amount of the Certificate of Compliance fee(do not use the \$ sign) Example: 50.00

Payment Reference – Type in the APPLICATION (APP) number found on the fee letter – Ex. APP-00012345 (If this number is not entered, your account will not be updated and your license/Certificate of Compliance will not be issued.)

See screenshot below:

First Name\*  Last Name\*

Address\*  City\*

Country\*  State\*  Zip\*

Email   
**EMAIL REQUIRED FOR CONTACT OF PAYMENT ERRORS OR PROBLEMS**  
**(Required to receive a receipt for payment)**

| Agency                                      | Program ID  | Amount  | Payment Reference                              |
|---|---|---|--|
| <input type="text" value="Human Services"/> | <input type="text" value="001-ODP OMHSAS LICENSING"/> | <input type="text" value="TYPE IN CORRECT PAYMENT AMOUNT"/> | <input type="text" value="APPLICATION/APP #"/> |
| <input type="text"/>                        | <input type="text"/>                                  | <input type="text"/>  | <input type="text"/>                           |
| <input type="text"/>                        | <input type="text"/>                                  | <input type="text"/>  | <input type="text"/>                           |

- Please select a program
- 104-BFO COUNTY REFUNDS ID #1-10255
- 298-OHMSAS MCO ASSESSEMENT
- 324-OIM SSA GRANT AGREEMENT REFUND OF EXPENDITURES
- 001-ODP OMHSAS LICENSING FEES**
- 002-BHSL – APPEAL FINES PAYMENTS
- 003-BHSL – CH 2800 ASSISTED LIVING RESIDENCES (ALR) LI
- 362-BHSL – CH 2600 PERSONAL CARE HOMES (PCH) LICENSING

SAP Vendor Number   
(Leave blank if unknown)

Total Amount

Payment Method  
 ACH  
 Credit Card

Make Payment