

Requirements for Provider Type 56 – Residential Treatment Facilities

Specialty Types

- 560 – Residential Treatment Facility (Non-JCAHO Certified)

Provider Eligibility Program (PEP)

- Fee-for-Service

Required Documents for Provider Type 56

The following documents and supporting information are required by the Bureau of Fee-for- Service Programs to enroll your facility as a provider (please ensure all documents are legible):

- Completed application for the enrollment of a Facility/Agency – application must include:
 - Signed Provider Agreement with original signature of an authorized representative; and
 - Completed Ownership or Control Interest Disclosure form
- Copy of the facility’s license to provide Residential Services, issued by the Office of Children, Youth, and Families pursuant to 55 PA Code Chapter 3800 (or an applicable state licensing agency if Provider is Out-of-State)
- Documentation generated by the IRS showing both the Provider’s legal name and FEIN— documentation must come from the IRS; this Department does not accept W-9s
- If Provider is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- If Provider operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
- Copy of Corporation paperwork issued by Department of State Corporation Bureau or business partnership agreement
- If application is for an Out-of-State Provider, submit proof of home state Medicaid participation
- OMHSAS Field Office Approval Letter
- Applications for new enrollment must also submit documents necessary for the Rate-Setting process as described below:

RTF Rate Setting Documents

1. A copy of the Commonwealth of Pennsylvania Medicaid cost report, “Joint Financial Schedules for Residential Treatment Facilities.” The report must cover a full fiscal period beginning July 1 and ending June 30.

2. For new facilities, a copy of the facility's detailed budget report for the fiscal period. Existing facilities, (facilities currently operating but not enrolled with Pennsylvania Medical Assistance) must submit actual cost information for the reporting period.
3. A copy of the facility's adjusted ending trial balance. Submit the adjusted ending trial balance for the fiscal period covered by the cost report. If account numbers are used, provide a detailed listing of the account numbers so that the account can be identified.
4. Copy of the facility's program description. This must include the admission criteria, evaluation and treatment plans, and the responsibilities and qualifications of the staff, along with staffing requirements needed to carry out the program objectives. The evaluation and treatment plans must specify the kinds of direct therapy service provided to the patients, to whom (in terms of the type of patient) the service is rendered, why the service is rendered, and the frequency of the service. A typical daily schedule of activity for one week during the school year and one week during the summer must be included with the service description. The Office of Mental Health and Substance Abuse Services (OMHSAS) regional office will review this service description and conduct an on-site visit (for in-state facilities only) prior to approval. Once approved, the revised copy must be submitted with the cost report.
5. A copy of the facility's independently-audited financial statement for the most recently completed year or reporting period.
6. A copy of all rate determination letters received from third-party payors (including any other Medicaid agencies, in-state or out-of-state). Include the address of all agencies with the rate determination letters if not already indicated on the submitted documents.
7. Any other documentation which will support the inclusion of an item (or items) within the body of the RTF cost report. Examples of such documentation include: copies of Federal Form 941, payroll registers, debt instruments, lease agreements, written contracts for professional services, and fixed asset depreciation schedules.

Residential Treatment Facilities (56) are encouraged to apply online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us>. If circumstances do not allow online submission, send application and all documents to:

DHS Provider Enrollment
PO Box 8045
Harrisburg, Pa 17105-8045
Fax: (717) 265-8284
E-mail: Ra-ProvApp@pa.gov

For information regarding Office of Mental Health and Substance Abuse Services (OMHSAS) **approval as a Residential Treatment Facility** contact the OMHSAS Field Office for your area: Southeast/Norristown: 610-313-5844 Northeast/Scranton: 570-963-4335; Central/Harrisburg: 717-705-8396 and Western /Pittsburgh: 412-565-5226.

For information regarding a **3800 license**, contact the Regional OCYF office for your area: Southeast: 215-560-2249; Northeast: 570-963-4376; Central: 717-772-7702 and Western: 412-565-2339.

