

# Requirements For Provider Type 01 – Residential Treatment Facilities

## Specialty Types

Please indicate for your specialty and code:

- 013 – Residential Treatment Facility (JCAHO Certified) Hospital

## Provider Eligibility Program (PEPs)

Please indicate the following PEP:

- Fee-for-Service

## Additional Required Documents For Provider Type 01

**The following documents and supporting information are required by the Bureau of Fee-for-Service Programs for enrollment:**

1. A copy of the facility's certification from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as a Child/Adolescent Mental Health Facility for a residential setting
2. A copy of the facility's license to provide residential services, issued by the Office of Children, Youth and Families (OCFY) and pursuant to 55 PA Code Chapter 3800. Out-of-State facilities must submit a copy of the facility's license(s) to provide residential services by the appropriate agency in your home state.
3. Provider Enrollment Base Application with one signed copy of the Inpatient Provider Agreement. Copy must be signed by an executive officer.
4. A copy of the Ownership & Controlling Interest form
5. A copy of an acceptable utilization review plan written according to the requirements in Federal regulations at 42 CFR 456.150 to 456.245. The utilization review plan must be signed by an executive officer.
6. A copy of the facility's transfer agreement with a general hospital and a private psychiatric facility.
7. A letter of attestation of compliance with state and federal restraint and seclusion requirements as defined in Pennsylvania Medical Assistance Bulletin 53-01-01, "The Use of Restrain and Seclusion in Psychiatric Residential Treatment Facilities"
8. Rate Setting Documents: See the below RTF Rate Setting Documents section.

### RTF Rate Setting Documents

The following list depicts the documents and supporting information required by the Office of Mental Health and Substance Abuse Services (OMHSAS) to initiate the rate setting process, or to request an adjustment to an existing rate for providers enrolling or enrolled in the Commonwealth of Pennsylvania's Medical Assistance Program as a residential treatment facility (RTF).

1. One copy of the completed Commonwealth of Pennsylvania's Medical Assistance cost report, "Joint Financial Schedules for Residential Treatment Facilities". The report must cover a full fiscal period of twelve consecutive months beginning July 1<sup>st</sup> and ending on June 30<sup>th</sup>.
2. One copy of the facility's detailed budget report for the fiscal period. This is required for new facilities. **Existing facilities, (facilities currently operating but not enrolled with Pennsylvania Medical Assistance) need to submit actual cost information for the reporting period.**
3. One 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 please provide a detailed listing of the account numbers in order to identify the accounts.

4. **One 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 the 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. The plans also must delineate to whom (in terms of the type of patient) the service is rendered, why the service is rendered, and the frequency of the service. The service description must depict a typical daily schedule of activity for one week during the school year and one week during the summer. 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 prior to approval. Once approved, the revised copy must be submitted with the cost report.
5. Copies of any other documentation that will support the inclusion of an item(s) within the body of the RTF cost report. Examples of such documentation include: Federal Form 941, payroll registers, debt instruments, lease agreements, written contracts for professional services, and fixed asset depreciation schedules.
6. One copy of the facility's independently audited financial statement for the most recently completed year or reporting period.
7. One copy of rate determination letters received from third-party payors (including any other Medicaid agencies, in-state or out-of-state). Please include with the rate determination letters the address of all such agencies, if not already indicated on the submitted documents.
8. One copy of the completed RTF cost report checklist

**Submittal Address**

**After completion of all enrollment and rate setting documents, send the complete package to:**

**DHS Provider Enrollment  
PO Box 8045  
Harrisburg, PA 17105-8045  
- or -  
Fax: (717) 265-8284  
- or -  
Email: [RA-ProvApp@pa.gov](mailto:RA-ProvApp@pa.gov)**

**Questions**

For questions regarding the cost report/rate information, please contact the Office of Mental Health and Substance Abuse Services, Bureau of Financial Management, Division of Medicaid and Financial Review at 717-705-8106

For questions regarding enrollment, please contact the Division of Provider Services, Enrollment Section at 1-800-537-8862

**NOTE: Licensure/Certification is a prerequisite for enrollment in Medical Assistance as an RTF.**

**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**

**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**

**Western: 412-565-2339**