Requirements for 01-019/441–Drug and Alcohol Rehabilitation Hospitals and Units

All Drug and Alcohol Rehabilitation hospitals must be certified by Medicare prior to enrollment with Pennsylvania Medicaid.

Specialties and Codes

- 019- Drug and Alcohol Rehabilitation Hospital
- 441- Excluded Drug and Alcohol Rehabilitation Unit (Note that Providers must already have an Acute Care Hospital (01-010) enrolled under the same Tax ID to choose this specialty.)

Provider Eligibility Program (PEP)

- Fee-for-Service

Required Documents for Both Specialty Codes

- Completed application for enrollment of a Facility/Agency—application must include:
  - Signed Provider Agreement with original signature of an executive officer; and
  - Completed Ownership or Control Interest Disclosure form
  - If enrollment of a new facility, submit a copy of the MA cost report (MA 336)
- A copy of the license issued by the Department of Drug and Alcohol Programs
- Copy of an acceptable Utilization Review Plan, signed by an executive officer and written in compliance with federal regulations under 42 CFR 456.100 and state regulations under §1163.473
- Copy of current transfer agreements with a skilled nursing facility, a psychiatric facility, and/or an acute care hospital
- Certificate of Accreditation from a deemed accrediting agency such as: The Joint Commission on Accreditation of Healthcare Organizations, the American Osteopathic Association, or Det Norske Veritas Healthcare, Inc.
- Documentation certifying that at least 75% of patients required treatment for Drug and Alcohol abuse during most recent 12-month reporting period
- Documentation generated by IRS showing both the Provider’s legal name and FEIN—documentation must come from the IRS; this Department does not accept W-9s
- Clinical Laboratory Improvement Amendments (CLIA) certificate and PA DOH lab permit, if applicable
  - This requirement applies equally to both In-State and Out-of-State Providers
- If application is for an Out-of-State Provider, submit proof of:
  - Home state Medicaid participation; and
  - Copy of most recent Medicaid Rate Letter
- If Provider operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
• **Units** must submit a copy of their confirmation of exclusion from the Medicare Prospective Payment System

**Requirements for Drug and Alcohol Rehabilitation Hospitals Only**

• If Hospital is tax-exempt, submit IRS 501 (c)(3) letter confirming that status
• DEA certificate, if applicable
• Copy of Corporation paperwork issued by the Department of State Corporation Bureau

*Inpatient Drug and Alcohol Facilities (01-019/441) should apply online via our Electronic Provider Portal at [https://provider.enrollment.dpw.state.pa.us](https://provider.enrollment.dpw.state.pa.us). If circumstances do not allow online submission and the Medicare fee has been paid, send the paper application and all required documents to:*

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