

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 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.

Requirements For Provider Type 56 – Residential Treatment Facilities

Specialty Types

Please indicate for your specialty and code:

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

Provider Eligibility Program (PEPs)

Please indicate one or more of the following PEP(s):

- Fee-for-Service

Additional 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:

1. 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.
2. Provider Enrollment Base Application with one signed copy of the Inpatient Provider Agreement. Copy must be signed by an executive officer.
3. **You MUST complete the Provider Disclosure/Ownership or Control interest form. This form can be found on the enrollment website or by following this link:**
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/form/p_011861.pdf
4. Rate Setting Documents: See the below RTF Rate Setting Documents section.
5. Proof of home state Medicaid participation (out of state providers only).

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 Medical Assistance Program as a residential treatment facility (RTF):

1. A copy of the Commonwealth of Pennsylvania 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 1st and ending on June 30th.
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. **1 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. 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.
6. A copy of the facility’s independently audited financial statement for the most recently completed year or reporting period.
7. 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.
8. A copy of the completed RTF cost report checklist
9. Ownership or Control Interest Form.

Submittal Address

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

Bureau of Fee-for-Service Programs
Division of Provider Services Enrollment Unit
P.O. Box 8045
Harrisburg, PA 17105-8045

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 prompt 1.