



MENTAL HEALTH BULLETIN

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

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SUBJECT

License Approval Process
For Community-Based
Mental Health Service Programs

BY


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SCOPE:

County MH/MR Administrators
Community-Based Mental Health Service Programs

PURPOSE:

To update the license and approval processes for community-based mental health service programs and expansions. To establish time frames for reviewing and responding to requests for licensure and approval of programs and expansions.

BACKGROUND:

Article X of the Public Welfare Code authorizes the Department of Public Welfare (Department) to license mental health establishments within the Commonwealth. A mental health establishment is defined by the Public Welfare Code as any premises or part thereof, private or public, for the care of individuals who require care because of mental illness.

The Department, through the Office of Mental Health (DMH), licenses mental health programs (i.e., psychiatric outpatient clinics and partial hospitalization programs, etc) under the authority of Article X of the Public Welfare Code (62 PS 1001-1080). In addition, the Department has authority under the Mental Health Procedures Act of 1976 and Article IX of the Public Welfare Code (62 PS 901-922) to approve mental health programs provided by hospitals licensed by the Department of Health. The procedures for licensing and approving facilities and agencies can also be found in PA Code, Title 55, Chapter 20.

The Department uses applicable regulations to license and approve mental health service programs (i.e., PA Code, Title 55, Chapter 5200 for psychiatric outpatient clinics; PA Code, Title 55, Chapter 5210 for partial hospitalization programs; PA Code, Title 55, Chapter 5221 for Intensive Case Management; PA Code, Title 55, Chapter 5300 for Private Psychiatric

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Area Director

Hospitals; PA Code, Title 55, Chapter 5310 for Community Residential Rehabilitation Services for the Mentally Ill; etc.). Agencies seeking approval to provide mental health services in facilities licensed by the Department of Health and for which there are no codified Departmental regulations, shall be issued applicable program standards (i.e., Draft Chapter 5320 for Long-Term Structured Residences; Draft Chapter 5260 for Family Based Services; Draft Chapter 5240 for Crisis Intervention Services, etc.). Agencies shall be surveyed for compliance to those standards and to the provisions of Article X, Section 1026 of the Public Welfare Code.

All providers of mental health services must apply for licensure or approval and are required to sign letters of agreement with the appropriate County Administrator under current regulations (i.e., Chapters 5200.12 (d), 5210.12 (c), 5221.22, and 5310.39 (c)), This requirement applies regardless of whether they serve County MH/MB clients or not. Letters of agreement must be included in the provider's application for a Certificate of Compliance. The provider should obtain letter(s) of agreement only with the County Administrator(s) of the County program(s) whose consumers are primarily served by the provider, and with the County programs(s) where the program/facility is located.

Recently, concerns have been expressed regarding the application, review and approval process to obtain a certificate of compliance for some community-based mental health service programs (i.e., psychiatric outpatient clinics and partial hospitalization programs). Concerns have also been expressed regarding the time frames for response to requests for approval or licensure of mental health programs. This bulletin addresses the procedures required to:

1. obtain approval to operate a mental health service program at a facility currently licensed by another program office or Department within the Commonwealth;
2. obtain licensure to operate a free-standing mental health service program.
3. review requests for licensure or approval to operate a mental health service program and make determinations within a reasonable time frame .

Applicants must meet the requirements stipulated by the County when the County establishes additional requirements.

PROCEDURES FOR MAKING APPLICATON FOR A CERTIFICATE OF COMPLIANCE:

1. Mental health service programs not currently licensed for a specified service who wish to receive such licensure or who wish to change program capacity or target group, must apply to their County Administrator and Area Office of Mental Health.

a. The facility contacts the appropriate Area Office of Mental Health for technical assistance prior to making application. The Area OMH sends the facility a packet of information, including: an Application for Certificate of Compliance (Form PW-6331, applicable regulations, Chapter 5100 regulations, a copy of the "Format For Application For Licensure", and any appropriate Mental Health Bulletins pertaining to the service.

b. The facility submits two program proposals using the Format for Application for Licensure. One copy is submitted to the County MH/MR authority. One copy is submitted to the Area Office of Mental Health.

c. The County MH/MR authority reviews the proposal and submits a recommendation to the Area Office of Mental Health within 60 working days. (A letter of agreement, as specified in 82 below, may be negotiated and signed while the proposal is being reviewed by the County MH/MR authority).

d. The Area Office of Mental Health receives the recommendation from the County MH/MR authority and either approves or disapproves the request.

i. If the Area Office disapproves the request, based upon recommendation by the County MH/MR Authority, the program requesting licensure/approval may appeal the decision in accordance with procedures imparted in DPW Manual 9003 and the Public Welfare Code, Articles IX and X.

ii. If the Area Office disagrees with the recommendation of the County MH/MR Authority, the Area Director or designee and the County MH/MR Authority shall work together to obtain additional information from the program to determine the need for the service.

a) If the program is subsequently disapproved by the Area Office, the program may appeal the decision as described in 1.d.i. above.

b) b) If the program is subsequently approved, the Area Office directs the County Authority to negotiate a letter of agreement (as outlined below) with the program which shall be included in its Application for a Certificate of Compliance for a Facility or Agency.

e. If the County MH/MR authority has not made a recommendation within 60 days, nor requested an extension for just cause, the Area Office will make a determination to approve or disapprove. The Area Office will advise the County MH/MR authority of the decision, and give the County five days to submit an objection. If no objection is received, concurrence will be assumed, and the decision rendered.

2. A letter of agreement with the county program is required specifying the relationship of the program with the county mental health system (See Chapters 5200.12 (d), 5210.12 (c), 5221.22, and 5310.39 (c), etc.). The letter of agreement shall be included with the Application for a Certificate of Compliance and shall be available for review during all scheduled licensing surveys by the Area Office of Mental Health. For providers who do not have contracts for funding with the county mental health program, the letter of agreement need not be in contract form. The letter of agreement may be negotiated and signed during the county authority review process (see 1.c., above).

a. The letter of agreement between the provider and the county program shall include:

i. Basic statistics on the aggregate units of service provided by the mental health service program(s) in order to plan for mental health services for the area involved;

ii. The extent the provider will participate in planning for community mental health services required of county mental health programs by the MH/MR Act of 1966 and by regulations;

iii. The extent the provider will participate in the continuity of care system of the county MH/MR program. This should include identification of procedures for referral to and from the appropriate county mental health agency serving the area in which the client resides.

b. Provider agencies or counties who have difficulty negotiating letters of agreement should contact the OMH Area Director for assistance in resolution of the issues.

c. If a license is revoked or not issued by the Department on the basis of no letter of agreement, the facility may utilize the administrative appeal process as outlined in DPW Manual, Chapter 9003.

3. Once all required information has been submitted, the Area Office of Mental Health licensing and approval staff reviews and surveys the program site. If the Department, through the Area Office, is satisfied that the site meets all requirements, applicable statutes, ordinances and regulations, a license is issued for a one year period (62 PS 1007). When there is substantial, but not complete compliance with all applicable statutes, ordinances and regulations, and when the applicant has taken appropriate steps to correct deficiencies, a provisional license is issued for a specified period. A provisional license may not exceed six months, and may be renewed up to three times. Upon full compliance, a regular license will be issued (62 PS 1008). New programs having no patient records are issued a provisional license until services can be provided and an actual record review can take place.

4. Facilities currently approved to receive MA reimbursement must make information regarding any changes in program capacity or target group available at the next regularly scheduled annual inspection visit.

5. Facilities proposing new programs or new sites of existing programs shall document the need in the proposed service area for the expansion of services (see Chapters 5200.12(e) ; 5210.12(d), etc.) . Need for additional services is based on consistent delays in access to services for persons who meet the program criteria because all program slots are appropriately filled. County MH/MR authorities shall review this documentation and make a recommendation to the Department. The Department may deny approval of such expansion where inadequate justification is provided. If approval is denied, the administrative appeal process outlined in DPW Manual, Chapter 9003 may be utilized.

6. For-profit mental health service programs shall have accreditation from the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) in order to be licensed or approved under applicable regulations (see Chapters 5210.7(a) ; 5200.7).

REFERENCES:

Mental Health Procedures Act of 1976, as amended 1978.

Mental Health and Mental Retardation Act of 1966.

Pennsylvania Public Welfare Code, Act of 1967, as amended 1980,
Article IX: Departmental Powers and Duties as to Supervision (62
PS 901-922)
Article X: Departmental Powers and Duties as to Licensing (62 PS
1001-1080)

PA Code, Title 55, Chapter 20: Licensure or Approval of Facilities and
Agencies.

PA Code, Title 55, Chapter 5100: Mental Health Procedures

PA Code, Title 55, Chapter 5200: Psychiatric Outpatient Clinics

PA Code, Title 55, Chapter 5210: Partial Hospitalization.

PA Code, Title 55, Chapter 5221: Mental Health Intensive Case
Management.

PA Code, Title 55, Chapter 5300: Private Psychiatric Hospitals

PA Code, Title 55, Chapter 5310: Community Residential Rehabilitation
Services for the Mentally Ill.

OMH Bulletin 99-84-24 Continuity of Care.

DPW Manual, Chapter 9003, Licensure/Approval Appeal Procedure

Draft Chapter 5320: Long Term structured Residences

Draft Chapter 5240: Crisis Intervention Services

Draft Chapter 5260: Family Based Services

OBSOLETE BULLETINS:

8000-81-02 Mental Health Facilities Licensure Outpatient and Partial
Hospitalization Programs

8000-82-03 Licensure of Community Residential Rehabilitation
Services.

99-83-50 8200 and 8300 Letters of Agreement among Psychiatric
Clinics, Partial Hospitalization Programs and County
Administrative Programs.

FORMAT FOR APPLICATION FOR LICENSURE

- I. **Introduction**
 - A. Name and address of program
 - B. Name and telephone number of program director
 - C. Type of program (e.g., Children's Partial Hospitalization or Outpatient)
 - D. General, long-term objectives of the program
- II. **Governance**
 - A. Agency or body having authority over the program
 - B. Relationship of the program with the county MH/MR Program (attach copy of letter of agreement)
- III. **Services**
 - A. Specific services provided
 - B. Treatment modalities
 - C. Target groups (including numbers to be served)
 - D. Assessment of the need for the service (support with data)
 - E. Process for development of treatment goals for each client
 - F. Type and content of service records (include sample forms)
 - G. Linkages between the program and other community service providers
 - H. Case management processes and the linkages between the facility and the Countys' BSU case management processes
- IV. **Administration**
 - A. Table of Organization (showing all operating units and their inter-relationships)
 - B. Numbers, hours per week, qualifications, and functions of professional staff (provide vitae for the program director and psychiatrist)
 - C. Number, hours, and functions of all other staff
 - D. Physical plant description - include copies of all applicable certificates of approval (e.g., L & I, fire, health, etc.)
 - E. Ancillary and supportive services (e.g., transportation)
 - F. Goals and objectives for each major service area (include measurable outputs to be achieved over a specific time period)
- V. **Community Participation**
 - A. Type and nature of planning process used in development of the program
 - B. Persons involved in the planning process (include information on how community input was achieved)
 - C. Ongoing community input
- VI. **Research and Evaluation**
 - A. Processes used to ensure that goals and objectives are achieved
 - B. Quality improvement measures
 - C. Research
- VII. **Manpower Development**
 - A. Inservice training (include numbers of staff and hours of training)
- VIII. **Financial Information**
 - A. Client fee schedule
 - B. Budget (estimate of full year costs including anticipated - revenues from various sources - e.g., county, MA, fees, third party insurance, etc.)
- IX. **DPW 9003 Licensure Form (Licensure Approval Appeal Procedure) and PW-633 Application for Certificate of Compliance**