Department of Human Services
Office of Mental Health & Substance Abuse Services

Licensing Application Instructions

Updated December 2021

This checklist is designed to assist you in completing the initial application for a Certificate of Compliance to operate a human service setting in one of the levels of care listed below. If the application packet is not complete when submitted, it will be returned to you to be completed and resubmitted. If you have questions about any required document, you may call the Human Services Licensing Administration at 717-705-6954 for clarification.

1. Items necessary to be considered a complete application are as follows:

☐ Application for Certificate of Compliance (License) HS633. The type of agency/facility/service block must specify one of the following:

1. Community Hospital Inpatient – 5100 Regulations
2. Private Psychiatric Hospital – 5300 Regulations
3. County Prison Inpatient Unit – draft 5320 Forensic IP Regulations
4. Outpatient Psychiatric Clinic (OP) – 5200 Regulations
5. Partial Hospital Program (PH) – 5210 Regulations
6. Residential Treatment Facility for Adults (RTFA) – OMHSAS Letter November 1995
7. Family Based Services (FB) – draft 5260 Regulations
8. Crisis Intervention (CI for Telephone, Walk-In, & Mobile) – draft 5240 Regulations
9. Crisis Residential (CI for Residential) – draft 5240 Regulations
10. Psychiatric Rehabilitation Services (PRS) – 5230 Regulations
11. Assertive Community Treatment (ACT) - Bulletin OMHSAS -08-03
12. Peer Support Services - Bulletin OMHSAS-19-05
13. Community Residential Rehabilitation (CRR) – 5310 Regulations
14. Long-Term Structured Residence (LTSR) – 5320 Regulations
15. Intensive Behavioral Health Services (IBHS) - 5240 Regulations

☐ Copy of the Department of Labor and Industry (L&I), Department of Health (DOH) or responsible Municipality (after April 9, 2004 under the Uniform Construction Code) occupancy certificate(s) where services and administrative services will be provided.

☐ Letter of support from the responsible County MH/ID Administrator(s) where the program site(s) is physically located.

☐ Copy of the agency's legal entity Articles of Incorporation and any fictitious name documents. The name on these documents must be the same as shown on the HS633.

☐ Copy of the agency's IRS documentation of 501c3 (non-profit) status, when applicable.

☐ Foreign Business - If the legal entity is a Corporation, LLC, LP, etc formed in a state other than Pennsylvania, then a copy of the Department of State's ***approved*** authorization to do business in Pennsylvania must be included.

☐ A service description that includes all elements as outlined in the applicable licensing regulations. If there is not specific guidance listed as part of the licensing regulations, please submit a service description that includes at a minimum the following:

1. Name, address, and telephone number of the agency contact person for this license application.
2. The specific services that are to be provided by the licensed program.
3. Age and/or special needs populations to be served in the program.
4. Joint Commission (JCAHO) status for "for profit" agencies to provide OP or PH services as well as for RTFA and Private Psychiatric Hospitals.
5. Staff roster and supervisory table of organization for the program that will be licensed. The staff roster should include the name (or vacant position), job title, education, mental health experience, and hours per week that work will be performed in the licensed program for each staff person. Clearly show who will be the Program Director.

The completed Application Packet should be submitted to:

Via First Class Mail:
Department of Human Services
Human Services Licensing
P.O. Box 2675 Room 623,
Harrisburg, PA 17105-2675

Via Courier:
Department of Human Services
Human Services Licensing
Health & Welfare Building
7th & Forster Streets
Harrisburg, PA 17120

2. Mail the completed Civil Rights Compliance Questionnaire directly to the responsible Department of Human Services, Bureau of Equal Opportunity (BEO) Office listed below.

Do not send the completed questionnaire to OMHSAS with the license application package. An approval letter from BEO must be obtained from the BEO office prior to the Department issuing a license. This questionnaire will be required to be submitted by the licensed agency annually thereafter or when the main site address changes or when there is a change in legal entity. A new BEO Civil Rights Compliance Questionnaire will be sent to the provider along with the annual license renewal application (HS633 form) each year.

Civil Rights Compliance Questionnaire Central Northern Region (PDF download)
Civil Rights Compliance Questionnaire Western Region (PDF download)
Civil Rights Compliance Questionnaire Southeastern Region (PDF download)
Bureau of Equal Opportunity (BEO) Regional Office Contact Information (PDF download)

Hospitals licensed by the Department of Health are exempt from this requirement as their Civil Rights Compliance is handled by the Department of Health (DOH). This includes all OMHSAS licensed programs if physically located in a hospital building covered by the hospital's Department of Health license.

- DHS BEO – Central Regional Office
  625 Forster Street
  Room 225, Health & Welfare Building
  Harrisburg, PA. 17102
  Telephone: (717) 705-8204

  Counties served: Adams, Bedford, Blair, Bradford, Cambria, Centre, Clinton, Columbia, Cumberland, Dauphin, Franklin, Fulton, Huntington, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming and York.

- DHS BEO – Southeast Regional Office
  1105-B Philadelphia State Office Building
  801 Market Street, Suite 5034
  Philadelphia, PA. 19130-4088
  Telephone: (215) 560-2230-2818

  Counties served: Berks, Bucks, Carbon, Chester, Delaware, Montgomery, and Philadelphia and Schuylkill.

- DHS BEO – Western Regional Office
  301 Fifth Avenue, Suite 410
  Pittsburgh, PA. 15222-1210
  Telephone: (412) 565-7607

  Counties Served: Allegheny, Armstrong, Beaver, Butler, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Venango, Warren, Washington and Westmoreland.

3. **The Field Office will contact the applicant to schedule an on-site survey** and process the licensing recommendation. A Certificate of Compliance (license) will then be mailed to the provider from the Department of Human Services, Licensing Administration office.

4. **Inpatient Units located and operated by a community hospital are reviewed by the Department of Health (DOH) hospital surveyors.** Upon recommendation of the DOH licensing surveyor, OMHSAS, issues a Certificate of Compliance stamped "approved." Application for a DHS Certificate of Compliance must be submitted in this document.

5. **PROMISe Enrollment is required for the following licensed levels of care included in the State Medicaid Plan:** Community Hospital Inpatient, Private Psychiatric Hospital, Outpatient Psychiatric Clinic (OP), Partial Hospital Program, Residential Treatment Facility for Adults (RTFA) (co-occurring non hospital rehab and detox), Family Based Services (FB), Crisis Intervention (CI for Telephone, Walk-In, & Mobile), Peer Support Services (Freestanding), Intensive Behavioral Health Services (IBHS). Following receipt of the license, information and forms can be found at the PROMISe website at: Provider Enrollment

6. **PROMISe Enrollment is required for the following licensed levels of care that are Medicaid funded as Supplemental Services:** Psychiatric Rehabilitation Services (PRS), Assertive Community Treatment (ACT). Following receipt of the license, contact the Managed Care Organization (MCO) to initiate the PROMISe enrollment process.