

Requirements for 01-011/022--Private Psychiatric Hospitals and Private Psychiatric Units

*Please note that all Psychiatric Hospitals and Units must be certified by Medicare **prior** to enrolling with Pennsylvania Medicaid.*

Specialty and Code

- 011- Private Psychiatric Hospital
- 022- Private Psychiatric Unit *(Note that Providers seeking to enroll units must first have an Acute Care Inpatient Facility (01-010) enrolled with PA Medicaid.)*

Provider Eligibility Program (PEP)

- Fee-for-Service
- Non-Waiver Mental Retardation Base Programs
- Pennsylvania Department of Aging Waiver and Bridge Programs

Documents Required for Both Specialty Codes

The following documents are required for enrollment by the Bureau of Fee-for-Service Programs (please ensure that all documents are legible):

- 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 a new enrollment of a Psychiatric facility, submit a copy of the projected MA Cost Report (MA 336) and additional documentation required for the rate-setting process as outlined on pages 3-4
- Copy of the Certificate of Compliance issued by the Office of Mental Health and Substance Abuse Services
 - If Provider is Out-of-State, submit similar licensure as issued by appropriate agency
- Copy of certification 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.
- Utilization Review Plan, signed by an executive officer and written in accordance with federal regulations at 42 CFR 456.100 and state regulations at §1151.72 *(not required for Out-of-State Providers)*

- Copy of current Transfer Agreement with a skilled nursing facility, general hospital, and rehabilitation hospital
- If Provider is Out-of-State, submit proof of:
 - Current home state Medicaid Participation; and
 - Home state Medicaid **Rate Letter**
- Documentation generated by the IRS showing both the Provider’s legal name and FEIN—documentation must come from IRS; this Department **does not** accept W-9s
- If Provider operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau

Documents Required for 01-011 Only

- If hospital is tax-exempt, submit IRS 501(c)(3) letter confirming that status
- Copy of Corporation paperwork issued by the Department of State Corporation Bureau
- Copy of DEA certificate, if applicable
- Copy of Clinical Laboratory Improvement Amendments (CLIA) and PA Department of Health lab permit
 - This requirement applies equally to In-State and Out-of-State Providers

Inpatient Psychiatric Facilities (01-011/022) should apply online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us/>. If circumstances do not allow online submission and the Medicare fee has already 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

Information Needed for the Rate Setting Process

The following documentation must be submitted as part of the enrollment process. This documentation is needed only for enrollment of NEW FACILITIES. Please send rate setting-specific documents, along with the name and phone number of a contact person, to:

**DHS Division of Rate Setting
PO Box 8047
Harrisburg, PA 17110-3591**

The Department utilizes four specific guidelines when evaluating inpatient psychiatric enrollment requests:

1) The Medical Assistance (MA) Program's need for Additional Psychiatric Services

The Department will determine whether the MA Program needs additional psychiatric beds in the applicant's primary service area (i.e., the geographic area where at least 75% of its patients originate) and, if so, whether the applicant has demonstrated to the Department's satisfaction that it will meet the MA Program need.

2) Applicant Suitability

The Department will consider, among other things, the record of licensure and Medicare and Medicaid Program participation of the applicant and any owner of the applicant beginning three years prior to the date of the enrollment request.

3) Economic and Financial Feasibility without MA Capital Payments

If an applicant's new beds will be ineligible for capital cost reimbursement, the Department will consider whether the applicant will agree to provide written assurances that the construction of its new or additional beds will be economically and financially feasible without the receipt of MA capital components and that it is not entitled to MA capital component payments related to the new or additional beds.

4) Employment of Welfare and MA Recipients

The Department will consider whether an applicant will commit to employ welfare or MA recipients in its new or expanded facility.

The next page outlines in more detail each of the above four guidelines and their required documentation needed to facilitate our evaluation. After receipt of the following documents, the Department will contact the Facility. If the request is approved, the Division of Rate Setting will contact the Department's Enrollment Unit and you will receive written notification that will reflect your new rate.

1. MA Program's Need for Additional Psychiatric Services

- ✓ A project overview which explains how it addresses the Department's goal to develop an array of support and services that meet the needs of its MA population and why the project meets, or is needed to meet, the inpatient psychiatric service requirements of the community
- ✓ Current and projected occupancy rates, by payer type, in the primary service area
- ✓ The psychiatric bed shortage or surplus in the primary service area
- ✓ Correspondence documenting MA need from human service agencies and provider and advocacy groups
- ✓ Identification of any transportation issues related to the proposal, such as travel time, emergency transport, etc.
- ✓ Explanation of the design and purpose of the project and the manner in which the project will meet the needs of the population to be served, to include a discussion of the physical design and location of proposed building
- ✓ A staffing plan/schedule, by discipline, of the proposed programs

2. Applicant Suitability

- ✓ List of owners and related parties/entities involved in the project
- ✓ Whether the applicant or any owner is currently precluded from participating in the Medicare Program or any state's MA Program
- ✓ Whether the applicant or any owner possessed, operated, or managed a facility during the past three years that (if any of the following apply, provide copies of all documents relating to the applicable action, including relevant notices, orders, or sanction letters received from CMS or any state agency):
 - i. Was precluded from participation in the Medicare or any state's MA Program;
 - ii. Had its license to operate revoked or suspended; or
 - iii. Was the subject of the imposition of remedies based on the failure to meet applicable Medicare or Medicaid Program participation requirements, and the facility's deficiencies immediately jeopardized the health and safety of the facility's residents, or the facility was designated a "poor performing facility."

3. Economic and Financial Feasibility without MA Capital Payments

- ✓ Copies of any feasibility or market studies and financial projections prepared for the project, including any studies identifying project costs, sources of project funds, projected revenue sources by payer type including assumptions used, and expected occupancy rates by payer type
- ✓ Independently audited financial statements of the applicant and Provider, and owners or parent corporation, if any, of the applicant or Provider for the most recent year prior to the fiscal year in which the request is filed

4. Employment of Welfare and MA Recipients

- ✓ A written statement indicating whether the applicant will commit to employ welfare or MA recipients in its new or expanded facility