

Requirements for 01-013-- Accredited Residential Treatment Facilities

Specialty and Code

- 013- Accredited Residential Treatment Facility Hospital

Provider Eligibility Program (PEP)

- Fee-for-Service

Required Documentation for Accredited Residential Treatment Facilities

- Completed application for the 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
- Copy of the facility's certification as a Child/Adolescent Mental Health Facility for a residential setting, issued by one of the following three deemed accrediting agencies: The Joint Commission on Accreditation of Healthcare Organizations, Council on Accreditation, or Commission on Accreditation of Rehabilitation Facilities
- Copy of license to provide residential services, issued by the Office of Children, Youth, and Families and pursuant to 55 PA Code Chapter 3800.
 - Out-of-State facilities must submit a copy of similar license issued by an appropriate state agency
- Copy of an acceptable Utilization Review Plan, signed by an executive officer and written in compliance with federal regulations under 42 CFR 456.150-456.245 (*does not apply to Out-of-State Providers*)
- Letter attesting to compliance with federal and state restraint and seclusion requirements as defined in Pennsylvania Medical Assistance Bulletin 53-01-01
- Copy of current transfer agreements with an Acute Care Hospital and a psychiatric facility
- 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 is tax-exempt, submit copy of IRS 501(c)(3) letter confirming that status
- If Provider operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
- Copy of Corporation paperwork issued by the Department of State Corporation Bureau or a copy of the business partnership agreement

In addition to the above requirements, all New Enrollments must submit the following documents to facilitate the rate setting process.

Rate Setting Requirements for 01-013 Provider Types

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's Medical Assistance Program as a residential treatment facility (RTF).

1. **One copy of the completed Commonwealth of Pennsylvania's 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. **One copy of the facility's detailed budget report for the fiscal period.** This is required for new facilities. Existing facilities, (facilities currently operating but not enrolled with Pennsylvania Medical Assistance) need to submit actual cost information for the reporting period.
3. **One 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 please provide a detailed listing of the account numbers in order to identify the accounts.

Accredited Residential Treatment Facilities (01-013) should apply online via the Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us>. If circumstances do not allow online submission and the Medicare fee has been paid, send the 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**