

**Department of Human Services**  
**Office of Mental Health & Substance Abuse Services**  
**Licensing Application Instructions**  
Updated March 2025

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 Hospitalization 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-24-05
  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/acknowledgement 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, email, address, and telephone number of the agency contact person for this license application.
  2. If the specific service program has a separate contact person and/or mailing address, include that information.
  3. Each county in which services will be provided.
  4. Treatment Modalities
  5. The address of each service location and all the services to be provided at that site must be included.
  6. Job title, education, mental health experience of staff that will provide services in the licensed program. There must be the Program Director.
  7. The specific services that are to be provided by the licensed program.
  8. Age and/or special needs populations to be served in the program.
  9. National accreditation status for “for-profit” agencies to provide Partial Hospitalization Program (PHP) services, for Residential Treatment Facility for Adult (RTFA) and Private Psychiatric Hospitals.
  10. Summary of the quality management program.
  11. Summary of disaster preparedness.

**2. Complete and Submit the Civil Rights Compliance (CRC) Form directly to the Department of Human Services, Licensing Administration**

The Bureau of Equal Opportunity (BEO) requests a CRC form HS 2126 be completed and submitted via email as part of the license application packet. The CRC form as well as submission instructions can be found on the DHS website in the “Application for Human Services License” section under the heading “related documents”.

Questions regarding the completion of the CRC Form, requirements for policy statements, or the need for technical assistance, please contact a civil rights compliance specialist through [RA-PWDHSCivilRights@pa.gov](mailto:RA-PWDHSCivilRights@pa.gov) or 717-787-1127.

**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.**

**The completed Application Packet should be submitted via email to:**

**[ra-pwlicadomhsaspro@pa.gov](mailto:ra-pwlicadomhsaspro@pa.gov)**

**Please use the following naming convention in the subject line when submitting a new application HS2126**

- **New – Program Office – Type of Service – Name of Facility or Agency**

**Submission to the above RA Account is preferred. However, applications may also be submitted by mail to:**

**Via First Class Mail:**

DHS/BHSL  
Licensing Administration  
Forum Place, 6<sup>th</sup> Floor ,  
PO Box 2675  
Harrisburg, PA 17105-2675

**Via Courier:**

DHS/BHSL  
Licensing Administration  
Forum Place, 6<sup>th</sup> Floor  
555 Walnut Street  
Harrisburg, PA 17101

3. **The Field Office will contact the applicant to schedule an on-site survey, conduct the inspection 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 Psychiatric 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 via the above process.
5. **PROMISe Enrollment is required for the following licensed levels of care that are Medicaid funded and included in the State Medicaid Plan:** Community Hospital Inpatient Psychiatric Unit, Private Psychiatric Hospital, Psychiatric Outpatient Clinic (OP), Partial Hospitalization Program, Family Based Mental Health Services (FB), Crisis Intervention (CI for Telephone, Walk-In, Mobile, Medical Mobile and Crisis Residential), 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) and Residential Treatment Facility for Adults (RTF-A) (co-occurring non hospital rehab and detox dually licensed by DDAP). Following receipt of the license, contact the Managed Care Organization (MCO) to initiate the PROMISe enrollment process
7. **Certificate of Compliance Fee:** A certificate of compliance fee is required for certain for-profit providers before a certificate can be issued. A fee letter will be issued with instructions on how to submit payment if a fee is required. **Please do not submit payment with the application.**