Request for Approved Program Capacity

& Noncontiguous Clearance

Attachment #1

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| **SECTION A** | | | | | | |
| **Legal Entity Name:** | | | | | | |
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| **Street Address/City/State/Zip:** | | | | | | |
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| **Contact Name:** | | **Phone Number (include area code):** | | | **Email Address:** | |
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| **MPI #:** | | | **Service Location Code:** | | | |
| **Check the type of service location that applies to the request** | | | | | | |
| **RESIDENTIAL SERVICE LOCATIONS** | | | | | | **COMMUNITY PARTICIPATION**  **SUPPORT FACILITIES** |
| ☐ Licensed 55 Pa. Code  Ch. 6400 Community Living Home | ☐ Licensed 55 Pa. Code  Ch. 6500 Family Living Home | | | ☐ Unlicensed Life Sharing  Home | | ☐ Licensed 55 Pa. Code  Ch. 2380 Adult Training Facility |
| ☐ Licensed 55 Pa. Code Ch. 6400  Community Living Home  (For Respite Only Homes) | ☐ Licensed 55 Pa. Code  Ch. 3800 Child Residential and  Day Treatment | | | ☐ Licensed 55 Pa. Code  Ch. 5310 Community  Residential Rehabilitation | | ☐ Licensed 55 Pa. Code  Ch. 2390 Vocational Facility |
| ☐ Unlicensed Residential Habilitation | ☐ Supported Living | | |  | | ☐ Licensed 6 Pa. Code  Chapter 11 Older Adult  Daily Living Centers |
| **Service Location Street Address/City/State/Zip:** | | | | | | |
| **Check the Type of Request**  ☐ Request For a New Community Participation Support Facility to Establish Noncontiguous Clearance (Prior to Requesting Approved Program Capacity) **(Proceed to Section B)**  ☐ Request For a New Licensed or Unlicensed Residential Service location to Establish Noncontiguous Clearance (Prior to Requesting Approved Program Capacity) **(Proceed to Section C)**  ☐ Request to Establish Approved Program Capacity for a new Licensed Residential Service Location Under 55 Pa. Code  Ch. 6400 Community Living Home (including Respite Only Homes), Ch. 6500 Family Living Home, Ch. 5310 Community Residential Rehabilitation or Ch. 3800 Child Residential and Day Treatment Facility **(Proceed to Section D)**  ☐ Request to Establish Approved Program Capacity for a new Unlicensed Residential Service Location including Supported Living, Life Sharing, and Residential Habilitation homes.  **(Proceed to Section E)**  ☐ Request to Change Current Approved Program Capacity for a Licensed or Unlicensed Residential Service Location **(Proceed to Section F)**  ☐ Request to Close a Licensed or Unlicensed Residential Service Location (not including Supported Living) or a Community Participation Support Facility **(Proceed to Section G)** | | | | | | |
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| **SECTION B – REQUEST FOR A NEW COMMUNITY PARTICIPATION SUPPORT FACILITY TO ESTABLISH NONCONTIGUOUS CLEARANCE** |
| **Is the Community Participation Support Facility adjacent to any of the following? (Reference APC and Noncontiguous Instructions, attachment #2)**  **Check all that apply:** |
| ☐ Licensed Child Residential Services (55 Pa. Code Chapter §3800)  ☐ Licensed Community Residential Rehabilitation Services for the Mentally Ill (CRRS) (44 Pa. Code Chapter §5310)  ☐ Licensed Personal Care Homes (55 Pa. Code Chapter §2600)  ☐ Licensed Assisted Living Residences (55 pa. Code Chapter §2800)  ☐ Licensed or Unlicensed Family Living Homes (55 Pa. Code Chapter §6500)  ☐ Licensed and Unlicensed Community Homes for Individuals with an Intellectual Disability or Autism (55 Pa. Code Chapter 6400)  ☐ Licensed Adult Training Facilities (ATF) (55 Pa. Code Chapter 2380)  ☐ Licensed Vocational Facilities (55 Pa. Code Chapter 2390)  ☐ Licensed Older Adult Daily Living Centers (6 Pa. Code Chapter 11)  ☐ Licensed public and private Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) (55 Pa. Code Chapter 6600)  ☐ Unlicensed Supported Living  ☐ None of the above apply  **If any of the check boxes above are marked and the name of the adjacent location is known, please provide the name and address of that location:** |
| **Is the Community Participation Support Facility located in, attached or adjacent to any of the following? (Reference APC and Noncontiguous Instructions, attachment #2)**  ☐ Skilled Nursing Facility (55 Pa. Code Chapter 201)  ☐ Hospital  ☐ None of the above apply  **If any of the check boxes above are marked and the name of the location is known, please provide the name and address of that location:** |

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| **SECTION C – REQUEST FOR A NEW LICENSED OR UNLICENSED RESIDENTIAL SERVICE LOCATION TO ESTABLISH NONCONTIGUOUS CLEARANCE** |
| **Which of the following best describes the physical location of the Residential Service location?**  **Check all that apply:**  ☐ Licensed Child Residential Services (55 Pa. Code Chapter §3800)  ☐ Licensed Community Residential Rehabilitation Services for the Mentally Ill (CRRS) (44 Pa. Code Chapter §5310)  ☐ Licensed Personal Care Homes (55 Pa. Code Chapter §2600)  ☐ Licensed Assisted Living Residences (55 pa. Code Chapter §2800)  ☐ Licensed or Unlicensed Family Living Homes (55 Pa. Code Chapter §6500)  ☐ Licensed and Unlicensed Community Homes for Individuals with an Intellectual Disability or Autism (55 Pa. Code Chapter 6400)  ☐ Licensed Adult Training Facilities (ATF) (55 Pa. Code Chapter 2380)  ☐ Licensed Vocational Facilities (55 Pa. Code Chapter 2390)  ☐ Licensed Older Adult Daily Living Centers (6 Pa. Code Chapter 11)  ☐ Licensed public and private Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) (55 Pa. Code Chapter 6600)  ☐ Unlicensed Supported Living  ☐ None of the above apply  **If any of the check boxes above are marked and the name of the adjacent location is known, please provide the name and address of that location:** |
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| **SECTION D – REQUEST TO ESTABLISH APPROVED PROGRAM CAPACITY FOR A NEW LICENSED RESIDENTIAL SERVICE LOCATION** | |
| **License Effective Date:** | ☐ Submitted licensing certificate of compliance (with this form) verifying the requested service location is licensed |
| **Licensed Capacity:** | |
| **Requested APC Date:** | |
| **Requested Program Capacity:** | |
| Justification for Requested Program Capacity**– Describe how the needs of the individual(s) to be served require and/or meet the assessed needs, outcomes, and staffing patterns:** | |
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| **SECTION E – REQUEST TO ESTABLISH APPROVED PROGRAM CAPACITY FOR A NEW UNLICENSED RESIDENTIAL SERVICE LOCATION** |
| **Requested APC Date:** |
| **Requested Program Capacity:** |
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| Justification for Requested Program Capacity**– Describe how the needs of the individual(s) to be served require and/or meet the assessed needs, outcomes, and staffing patterns:** |
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| **SECTION F – REQUEST TO CHANGE CURRENT APPROVED PROGRAM CAPACITY FOR A LICENSED OR**  **UNLICENSED RESIDENTIAL SERVICE LOCATION** | |
| **Current Approved Program Capacity:** | **Requested Change of the Approved Program Capacity:** |
| **Current Approved Licensed Capacity:** | ☐ Submitted a letter/email (with this form) with the county approval of increase or decrease of the previous approved program capacity |
| **Describe how the change in APC will meet the service location size, staffing patterns, assessed needs, and outcomes for the individual(s) in the service location:** | |
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| **SECTION G: REQUEST TO CLOSE A LICENSED OR UNLICENSED RESIDENTIAL SERVICE LOCATION OR A COMMUNITY PARTICIPATION SUPPORTS FACILITY** |
| **Current Approved Program Capacity:** |
| **Requested Date of Closure:** |
| **Describe the reason for the request to close the service location:** |
| **Describe the timeframes and transition plans for the individuals residing in this service location:** |
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| **(To be filled out by the Office of Developmental Programs)**  **DETERMINATION FROM THE OFFICE OF DEVELOPMENTAL PROGRAMS** | |
| ☐ Program Capacity Approved | ☐ Program Capacity Denied |
| ☐ Location has been Verified and has received Noncontiguous Clearance | ☐ Location is Not Verified as Noncontiguous |
| Approved Program Capacity: | |
| Approved Program Capacity Effective Date: | |
| **Reason for Denial and/or other related comments:** | |

Signature of Regional ODP Waiver Capacity Manager

Date (mm/dd/yyyy)