



PA WITS – Authorized Programs/Services Request Form

Business Workflow Use Only

This form must be completed by each WITS Treatment Facility to add authorized services and programs to their WITS system profile for reporting purposes. It may also be used to add newly authorized activities to an existing Agency or Facility's profile.

Email completed forms to the PA WITS help desk at: RA-DAPAWITS@pa.gov.

PART I – AGENCY/FACILITY INFORMATION:	
PARENT AGENCY NAME:	LICENSE #
NAME OF FACILITY PROGRAMS ARE TO BE ADDED TO:	COUNTY:

Please list any SCA's your facility contracts with to provide services:

PART II – PROGRAM DESIGNATIONS

Place an X in the boxes beside ALL programs/services in the following list that your agency is authorized/licensed to provide. If this is a newly licensed activity for your facility, you need only indicate the newly authorized programs/activities.

Add	Licensed Activity #	Program Name Description
	N/A	0.5- Early Intervention
	864	1- Adol Outpatient Services Other Chemo/Adol OP Other Chemo
	863	1- Adol Outpatient Services/Adol OP
	862	1- Adol Outpatient Treatment Services/Adol OP Maintenance
	864	1- Outpatient Services Other Chemo/OP Other Chemo
	863	1- Outpatient Services/OP
	862	1- Outpatient Treatment Services/OP Maintenance
	N/A	1 WM- Adol Ambulatory WM OP/Adol OP Detox, Non-licensed
	861	1 WM- Adol Ambulatory Withdrawal Management OP/Adol OP Detox
	861	1 WM- Ambulatory Withdrawal Management/OP Detox
	N/A	1 WM- Ambulatory Withdrawal Management/OP Detox, Non-licensed
	N/A	2 WM- Adol Ambulatory WM IOP/Adol IOP Detox, Non-licensed
	861	2 WM- Adol Ambulatory Withdrawal Management IOP/Adol IOP Detox
	861	2 WM- Ambulatory Withdrawal Management/IOP Detox
	N/A	2 WM- Ambulatory Withdrawal Management/IOP Detox, Non-licensed
	863	2.1- Adol Intensive Outpatient Services/Adol IOP
	862	2.1- Adol Intensive Outpatient Services/Adol IOP Maintenance
	864	2.1- Adol Intensive Outpatient Srvcs Other Chemo/IOP Other Chemo
	864	2.1- Intensive Outpatient Services Other Chemo/IOP Other Chemo
	863	2.1- Intensive Outpatient Services/IOP
	863	2.1- Intensive Outpatient Services/IOP Maintenance
	853	2.5- Adol Part Hosp Services/Adol Part Hosp
	854	2.5- Adol Part Hosp Srvcs Other Chemo/Adol Part Hosp Other Chemo

Add	Licensed Activity #	Program Name Description
	854	2.5- Partial Hosp Other Chemo/Part Hosp Other Chemo
	853	2.5- Partial Hosp Services/Part Hosp
	823	3.1- Adol Clinically Managed Low Intensity Resid/Adol HWH
	823	3.1- Clinically Managed Low Intensity Resid/Halfway House
	823	3.5- Adol Clinically Managed Medium Intensity Resid/IP NH
	824	3.5- Clinically Managed High Intensity Resid Srvcs Other Chemo
	823	3.5- Clinically Managed High Intensity Resid/IP NH
	823	3.7- Adol Med Monit High Intnsty Inpatient Services/Adol IP NH
	833	3.7- Adol Medically Mngd Intensive Inpatient Srvs/Adol IP Hosp
	833	3.7- Med Managed Intensive Inpatient Services/IP Hosp
	823	3.7- Med Monit Intensive Inpatient Services
	821	3.7 WM- Med Monit Inpatient Withdrawal Management/IP NH Detox
	821	3.7WM- Adol Med Monit Inpatient Wthdrwl Mngmnt/Adol IP NH Detox
	833	4- Adol Medically Mngd Intensive Inpatient Srvs/Adol IP Hosp
	833	4- Med Managed Intensive Inpatient Services/IP Hosp
	831	4 WM- Adol Med Managed Intensive Inpatient WM/Adol IP Hosp Detox
	831	4 WM- Med Managed Intensive Inpatient WM/IP Hosp Detox
	N/A	Case Management
	826	Inpatient Non-Hospital Transitional Living Facility
	810	Intake, Evaluation, and Referral
	N/A	Prevention
	N/A	Recovery Support Services
	N/A	SOR III SCA
	N/A	SOR III Housing
	N/A	SOR III DOC
	N/A	SOR III DMVA
	N/A	SOR III PCCD/MAT

PART III – AUTHORIZING SIGNATURES:

AUTHORIZED FACILITY REPRESENTATIVE (printed):

AUTHORIZED FACILITY REPRESENTATIVE SIGNATURE:

DATE: