

OBH Letters of Support Provider Checklist

Instructions:

If you need to request a letter of support from the Allegheny County Office of Behavioral Health, please follow this procedure:

1. Complete the attached “Provider Checklist” which is necessary for the letter of support detail
2. Send it to OBH-LOS@AlleghenyCounty.US
3. Use the subject line: Letter of Support Request – [Provider Name] [Service]
4. Once your request is reviewed and approved, the letter of support will be returned to the person/email from whom the request originated

If you have any concerns or questions about this process, please email OBH-LOS@AlleghenyCounty.US

Provider Checklist

To complete a request for a Letter of Support, please send the following to

OBH-LOS@AlleghenyCounty.us

Provider Name:

Contact Person at provider agency:

To whom should OBH address this letter of support? (Typically, the CEO/Director/etc.)

Addressee

Address Line 1

Address Line 2

City, State, Zip

Level of Care:

Please check which of the following applies: New Program Existing

If existing program – license number:

Is this a request for IBHS Services? If so, please select: ABA Individual Group

Details around request being made. *If any of the following are "Yes", please check off and explain.*

Is this an address or location change? If so, this change will be effective as of [].

Is a tour of the site needed?

Is this letter for CCRI revalidation? If so, for which service?

Is this letter for MA revalidation? If so, for which service?

Does the agency have a contract with Allegheny County and receive County funds for this level of care?

Is this a waiver request, if so please identify the PA Code you are requesting the waiver for? Why is the waiver needed? For how long is the waiver needed?

How soon is the LOS needed?

Additional Comments: