



## PENINSULA RSN

### NETWORK MANAGEMENT POLICIES AND PROCEDURES

**Policy Name:** SERVICE PROVIDER LICENSING  
PROCEDURES --APPLICATION AND  
APPROVAL

**Policy Number:** 3.07

**Reference:** WAC 388-865-0284, -0315

**Effective Date:** 8/2004

**Revision Date(s):** 9/2005

**Approved by:** PRSN Executive Board

#### CROSS REFERENCES

- Policy: Correction Action Plan

#### PURPOSE

It is the policy of the Peninsula Regional Support Network (PRSN) to protect persons using licensed community mental health services by ensuring that the minimum state standards are uniformly applied and maintained.

#### PROCEDURE

The PRSN shall review all applications for community mental health agency licensure and send written comments either recommending or not recommending licensure to the department with a copy to the applicant.

1. Each provider shall fax or mail a copy of the current agency license for outpatient services to the PRSN.
2. The E&T shall fax or mail a copy of the current facility license to the PRSN.

## **MONITORING**

This policy is a mandated by statue.

1. This policy will be monitored through use of PRSN:
  - Annual PRSN Provider and Subcontractor Administrative Review
2. If a provider performs below expected standards during the review listed above a Corrective Action will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy.