

DEPARTMENT OF HUMAN SERVICES (LICENSING)
INSTRUCTIONS FOR ONLINE/ELECTRONIC PAYMENTS FOR
RENEWAL OF A CERTIFICATE OF COMPLIANCE APPLICATION AND LICENSE FEES

<https://www.bpp.ob.pa.gov/Customer> - review this page

To [make a payment](#) for any other Commonwealth of PA Service, Fee or Program you can review "[How to make a payment for a Commonwealth of PA Service, Fee or Program \(Revenue or Refund of Expenditure\)](#)"

To [make a payment](#) for DHS licensing, begin by searching the list of agencies for Human Services and then providing your personal and payment information to initiate payment for your renewal fees.

When on the payment page, **add an email address so we can contact you for any payment problems**

Agency – Select **Human Services** from the drop-down box

Program ID – Choose the appropriate ID depending on the required fee type:

001 – OMHSAS/ODP/PCH - for the renewal Certificate of Compliance fee for the **Office of Mental Health and Substance Abuse Services (OMHSAS)** and the renewal Certificate of Compliance fee for the **Office of Developmental Programs (ODP)**, and/or the **Personal Care Home (PCH)** renewal application fee.

002 – PCH FINES/APPEALS PAYMENTS – for the **Personal Care Home (PCH)** payments of their fines or deposits for appeals.

003 – ASSISTED LIVING LICENSING FEES - for the **Assisted Living (AL)** renewal application and bed fees.

Amount – Type in the amount of the application fee (**do not** type in \$ sign) example: 20.00; 1325.00

*** ENSURE THE CORRECT PAYMENT AMOUNT IS ENTERED AS YOUR CREDIT CARD WILL BE CHARGED AND IT COULD BE MONTHS TO RECEIVE A REFUND FOR AN OVERPAYMENT!**

Payment Reference – Type in the **APP number** for **ODP** providers or the license/Certificate of Compliance number for **OMHSAS** and **PCH** or **AL** providers.

***ENSURE THE CORRECT NUMBER IS ENTERED AS YOUR RECORD CANNOT BE IDENTIFIED WITHOUT THIS NUMBER AND YOU WILL NOT RECEIVE YOUR RENEWAL LICENSE/CERTIFICATE OF COMPLIANCE AND YOUR CREDIT CARD WILL BE CHARGED!**

Make a Payment

First Name*	Last Name*	
<input type="text"/>	<input type="text"/>	
Address*	City*	
<input type="text"/>	<input type="text"/>	
Country*	State*	Zip*
UNITED STATES		

Email

EMAIL REQUIRED FOR CONTACT OF PAYMENT ERRORS OR PROBLEMS

(Required to receive a receipt for payment)

Agency	Program ID	Amount	Payment Reference
Human Services	Please select a program	TYPE IN CORRECT PAYMENT AMOUNT	Ex: 123450 or APP-00012345
	Please select a program		
	001-OMHSAS/ODPI/PCH LICENSING FEES		
	002-PCH FINES/APPEALS PAYMENTS		
	003-ASSISTED LIVING LICENSING FEES		

SAP Vendor Number

(Leave blank if unknown)

Total Amount	Payment Method
<input type="text"/>	<input type="radio"/> ACH
	<input type="radio"/> Credit Card

Make Payment