

**ALLEGHENY COUNTY DEPARTMENT OF
HUMAN SERVICES**

**OFFICE OF ADMINISTRATIVE AND INFORMATION MANAGEMENT SERVICES
BUREAU OF HUMAN RESOURCES/TRAINING AND PAYROLL**

**Instructions for Completing the
Personnel Action Plan – P-1 Form**

To justify funding for program funded positions, the County requires the submission of a Personnel Action Plan Form, P-1 (attached) by providers to the Allegheny County Department of Human Services (DHS), Bureau of Human Resources/Training and Payroll (BHR/TP) with a job description and an organization chart identifying the position(s). A copy of an approved P-1 form for every **program funded** position **MUST** be kept on file by the provider to satisfy audit requirements.

The preceding procedure is consistent with the Pennsylvania Department of Human Services (PA DHS) a/k/a as the Department of Public Welfare (DPW)/Pennsylvania Department of Health (DOH) accountability requirements for classification and reimbursement approval by Allegheny County DHS-BHR and Programmatic Staffs, respectively.

- I. Agency Name: Indicate as such.
- II. Facility Location Numbers Enter the assigned MPI provider number in appropriate MH, MR and/or D&A squares.

Hours per Week: Enter weekly hours in hundredths of an hour (e.g., 37.50, 18.75) with unused squares “zero” filled in appropriate MH, MR, D&A squares. If an individual divides time between two or more programs, identify each and hours worked therein.

When recording hours for CLA/CRR staff hired on the basis of 0 – 37.5 hours, enter “00.37” in MH or MR squares, as appropriate.

- III. Select One: Please check the box to indicate whether this is a position creation, reclassification, or abolishment.
- IV. Position Data: Enter internal job number assigned by agency to each position to maintain position control within the agency. Enter Job Number, Position Type, Rate Type, and Service Codes from attached list.
- V. Classification/Reimbursement Data:
 - A. Requested PAP Title: Use position title provided in PAP Manual along with the corresponding PAP Code for each position indicated.

B. Proposed Effective Date: Reimbursement: Enter date when reimbursement begins.

C: Gray block is for DHS-BHR/TP to complete.

Agency Signatures: Need signature of Executive Director to process.

DHS Approvals: Do not complete.

General: Some agencies have designed their own form along P-1 lines for internal use as well as for submission to County. County approval of the form is required.

Please note, the P-1 is a carbonated two-page form designed for a specific purpose and is not to be separated at the agency prior to submission to the County.

Otherwise, the purpose is defeated in that the County has to make copies of the approved/signed request for return of one copy to the agency.

/jaw

05/08/2015

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PAP Service Type Codes

CODE

AD Administration -- AD code applicable to all director (CASD through UM),
administrative assistant, and secretarial/clerical positions.

FN Financial -- FN code applicable to all fiscal (FM through B/L Clerk) positions.

OBH

OP - Outpatient
IP - Inpatient (Short Term)
PH - Partial Hospital
ES - Emergency Services
CR - CRR
HS - Pre-School and Infant Stimulation
HC - Camping
HO - Outreach
HA - A. B. C.
HT - Other

OID

CL - CLA
AC - Aftercare
FS - FSS
HH - Host Homes
TA - TAC
RS - Pre-School and Infant Stimulation
RV - Vocational Rehabilitation
RO - Counseling
RC - Camping
RT - Other

Base Service

CM - Case Management
MR - Medical Records
CS - C.I.S. Operations
CO - Computer Operations
CE - C&E

Drug

DP - Prevention
DT - Treatment
DI - Intervention
GP - Gambling Prevention

Alcohol

AP - Prevention
AT - Treatment
AI - Intervention

Maintenance

MS - Maintenance Support

Additional PAP Codes

CODES

Position Type Codes:

FF - Program Funded
PF - Part-Program Funded

Rate Type Codes:

FT - Full-Time
PT - Part-Time

/jaw
05-08-15

ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES

ALLEGHENY COUNTY MH/MR/D&A

PERSONNEL ACTION FORM (P-1)

I. AGENCY NAME: _____

II. FACILITY LOCATION NUMBER: _____

Billed Hrs. Per week: MH MR D&A

III. SELECT ONE: Creation Reclassification Abolishment

IV. POSITION DATA:

Job Number PF/FF FT/PT Service Code **Note: Select codes from appropriate lists.**

V. CLASSIFICATION/REIMBURSEMENT DATA:

A. Requested PAP Title: _____ Requested PAP Code: _____

B. Proposed Effective Date:

MO DY YR

C. Approved PAP Title: _____ Approved PAP Code: _____

APPROVED NOT APPROVED

Comments: _____

Reason for disapproval (if applicable): _____

Agency Signatures

Immediate Supervisor: _____ PAP Code: _____
(Optional)

Agency Director: _____ Date: _____
(Required)

Department of Human Services Approvals

Bureau of Human Resources: _____ Date _____

Program Specialist: _____ Date _____

Manager/Administrator/Deputy: _____ Date _____

Sent to Agency on: _____

Stamp Date