Bureau for Children and Families
Agency Provider Enrollment Application

Socially Necessary Services

Agency Name:

Agency Representative:

Agency Rep. Title/Position:

Address:

City: **State:** **Zip code:**

Phone Number: **Fax Number:** **Email:**

1. The individual/agency named on this enrollment form is a:

License Number:

Status:

2. Please provide information regarding your agency's accreditations, if any:

Accreditation Agency:

Mailing Address:

City: **State:** **Zip Code:**

Expiration Date: **Status of Accreditation:**

3 .Will your agency use Web-based or EDI submission for service request?

☐ **This agency will use the secure website** ☐ **This agency will use EDI submission**

4. Were you previously an individual provider or other enrollment title provider that is now enrolling as an Agency Provider? Needs to be a consistent label. If yes, please list the name you were enrolled under as an Individual provider, if you previously worked for an agency, list the name of the agency and services provided.

Individual Provider Name:

Services Available and Service Area Counties

Please indicate the county(ies) in which service(s) will be available. If coverage includes an entire BCF region please mark Region I, II, III, or IV. If your agency provides services in every county in the state, please put "statewide".

Please refer to the county list on page 4:

***Providers can be reimbursed for mileage when traveling to provide the services marked with an asterisk. In order to claim transportation for any of these services, you must enroll to provide Agency Transportation as a service even if you do not intend to provide transportation to the consumer.**

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SERVICES	COUNTY CODE ONLY	SERVICES	COUNTY CODES ONLY
*Adult Life Skills		Intensive Therapeutic Recreation Experience	
Agency Transportation		Intervention Travel Time	
Agency Transportation Chafee		Lodging	
Agency Transportation One		MDT Attendance	
Agency Transportation Two		Meals	
Agency Transportation Three		Needs Assessment/Service Plan	
Away from Supervision Support		Out-of-State Home Study	
Case Management		Placement Services Part II Phase I	
Chafee Transitional Living		Pre-Reunification Support	
Chafee Transitional Living Placement Services Part II Phase II		Private Transportation	
Child Oriented Activity		Private Transportation One	
Connection Visit		Private Transportation Two	
Crisis Respite		Private Transportation Three	
Daily Respite		Public Transportation	
Emergency Respite		Public Transportation One	
Family and Needs Assessment		Public Transportation Two	
*Family Crisis Response		Public Transportation Three	
*General Parenting		*Safety Services (bundle)	
Tutoring		Supervised Visitation One	
*Home Maker Services		Supervised Visitation Two	
*Individualized Parenting		*Supervision	
Individual Review		Transportation Time	
In-State Home Study			

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By signing below, you are verifying and certifying that your agency is familiar with the laws and regulations regarding the provision of socially necessary services and that the services you provide are in agreement with these laws and regulations. You:

- **Are enrolling to become a provider of the Socially Necessary Services marked on this application in the counties specified;**
- **Agree to adhere to the established guidelines set forth by the West Virginia Department of Health and Human Resources;**
- **Have properly credentialed staff members for providing these services who have reviewed the materials posted/enclosed;**
- **Will follow the established standard of documentation of service stated within the Utilization Management Guidelines**
- **Do not employ individuals who have been listed on the Health and Human Services Office of Inspector General's list of Excluded Individuals/Entities (HH OIG LEIE)**

Certify the following information is on file with WV-DHHR or can be produced on request for Agency Providers:

☐ **Copy of current Business License(s) or other appropriate license or documentation as required by**
☐ **Copy of proof of general commercial liability coverage as required**
☐ **Verification of all criminal background checks for all staff and all subcontractors and their staff Completed every five years.**
☐ **Copy of current valid driver's license and current car insurance for individuals transporting children or families. A copy of both must be on file for each individual and kept current.**
☐ **List of the staff members who will be providing these services within the agency. Include an organizational Chart showing the staff members.**
☐ **Completed original W-9**
☐ **Completed statement of criminal record every five years for all staff and all subcontractors and their staff.**
☐ **Completed APS/CPS Check every five years for all staff and all subcontractors and their staff. This Information Can be found on the website at: www.wvdhhr.org/bcf.**
☐ **Code of conduct statement for all staff and all subcontractors and their staff.**

IMPORTANT NOTICE TO AGENCY PROVIDERS:

The Department of Health and Human Resources, Bureau for Children and Families, reserves the right to verify Any of the information with the appropriate credentialing body, licensing board, insurance carrier, or criminal background check system. The Department will verify educational and licensure credentials. All employees must have the required credentials prior to providing any services. It is the provider's responsibility to maintain all licenses and/or insurances, if applicable. If a provider is found to be out of compliance with the certification requirements, all payments made to that provider during the period of noncompliance are subject to disallowance. The Department of Health and human Resources, Bureau for Children and Families, reserves the right to review any source documents on file with the agency. Provider must complete *Provider modification request form anytime a change in provider status occurs,* including and not limited to provider requesting to do additional services, change in counties of service, ceasing of providing an approved service code, change in Medicaid contractor for CAPS providers.

Agency Representative Signature: _____ **Date:** ☐

Application must be mailed or hand-delivered to:

WV DHHR, Bureau for Children and Families
Office of Children and Adult Services
Attn: ASO Enrollment
350 Capitol Street, Room 691
Charleston, WV 25301-3704

BUREAU for CHILDREN and FAMILIES
COUNTY CODES
Socially Necessary Services

COUNTY	CODE
BARBOUR	01
BERKLELY	02
BOONE	03
BRAXTON	04
BROOKE	05
CABELL	06
CALHOUN	07
CLAY	08
DODDRIDGE	09
FAYETTE	10
GILMER	11
GRANT	12
GREENBRIER	13
HAMPSHIRE	14
HANCOCK	15
HARDY	16
HARRISON	17
JACKSON	18
JEFFERSON	19
KANAWHA	20
LEWIS	21
LINCOLN	22
LOGAN	23
McDOWELL	24
MARION	25
MARSHALL	26
MASON	27
MERCER	28

COUNTY	CODE
MINERAL	29
MINGO	30
MONONGALIA	31
MONROE	32
MORGAN	33
NICHOLAS	34
OHIO	35
PENDLETON	36
PLEASANTS	37
POCAHONTAS	38
PRESTON	39
PUTNAM	40
RALEIGH	41
RANDOLPH	42
RITCHIE	43
ROANE	44
SUMMERS	45
TAYLOR	46
TUCKER	47
TYLER	48
UPSHUR	49
WAYNE	50
WEBSTER	51
WETZEL	52
WIRT	53
WOOD	54
WYOMING	55
OUT OF STATE	56