

BUREAU for CHILDREN and FAMILIES

INDEPENDENT PROVIDER ENROLLMENT APPLICATION

Socially Necessary Services

Please complete this form to enroll your agency as a CAPS provider (*Agency refers to as individual). The Agency is eligible if it is a Licensed Behavioral Health provider that bills the Medicaid Behavioral Health Rehabilitation codes or a private psychologist or psychiatric practice billing Medicaid.

Name:

Address:

City: State: Zip Code:

Phone Number: Fax Number: Email:

SERVICES AVAILABLE and SERVICE AREA COUNTIES:

Please indicate only 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. Were you previously an individual provider? Work for an Agency provider previously? If yes, please list name/agency with what your role was and services provided and county provided.

| SERVICES | COUNTY CODES |
|--|----------------------|
| *Adult Life Skills | <input type="text"/> |
| Agency Transportation | <input type="text"/> |
| Agency Transportation Chafee | <input type="text"/> |
| Agency Transportation One | <input type="text"/> |
| Agency Transportation Two | <input type="text"/> |
| Agency Transportation Three | <input type="text"/> |
| Case Management | <input type="text"/> |
| Chafee Transitional Living Part II Phase I | <input type="text"/> |
| Chafee Transitional Living Placement Services Part II Phase II | <input type="text"/> |
| Child Oriented Activity | <input type="text"/> |
| Connection Visit | <input type="text"/> |
| Crisis Respite | <input type="text"/> |

| SERVICES | COUNTY CODES |
|---|----------------------|
| Emergency Respite | <input type="text"/> |
| Family and Needs Assessment | <input type="text"/> |
| *Family Crisis Response | <input type="text"/> |
| *General Parenting | <input type="text"/> |
| *Home Maker Services | <input type="text"/> |
| *Individualized Parenting | <input type="text"/> |
| In-State Home Study | <input type="text"/> |
| Intensive Therapeutic Recreation Experience | <input type="text"/> |
| Intervention Travel Time | <input type="text"/> |
| Lodging | <input type="text"/> |
| MDT Attendance | <input type="text"/> |
| | <input type="text"/> |

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| <i>SERVICES</i> | <i>COUNTY CODES</i> |
|-------------------------------|----------------------|
| Meals | <input type="text"/> |
| Needs Assessment/Service Plan | <input type="text"/> |
| Out-of-State Home Study | <input type="text"/> |
| Pre-Adoptive Lodging | <input type="text"/> |
| Pre-Adoptive Meals | <input type="text"/> |
| Pre-Reunification Support | <input type="text"/> |
| Private Transportation | <input type="text"/> |
| Private Transportation One | <input type="text"/> |
| Private Transportation Two | <input type="text"/> |
| Private Transportation Three | <input type="text"/> |

| <i>SERVICES</i> | <i>COUNTY CODES</i> |
|-----------------------------|----------------------|
| Public Transportation | <input type="text"/> |
| Public Transportation One | <input type="text"/> |
| Public Transportation Two | <input type="text"/> |
| Public Transportation Three | <input type="text"/> |
| *Safety Services (bundle) | <input type="text"/> |
| Supervised Visitation One | <input type="text"/> |
| Supervised Visitation Two | <input type="text"/> |
| *Supervision | <input type="text"/> |
| Transportation Time | <input type="text"/> |
| Tutoring | <input type="text"/> |

By signing below, you are verifying and certifying that you're 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.
- Are properly credentialed for providing these services (have included credentials with this application).
- Have reviewed the materials posted/enclosed.
- Will follow the established standard of documentation of service stated within the Utilization Management Guidelines.
- Are not listed on the Health and Human Services Office of Inspector General's List of Excluded Individuals/Entities (HHS OIG LEIE).
- Will re-enroll as an Agency Provider if in the future you decide to employ others to provide Socially Necessary Services.
- Are not an employee of the Bureau for Children and Families.

BUREAU for CHILDREN and FAMILIES
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Socially Necessary Services

Certify the following information has been submitted with this application for Individual Providers and 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 the Secretary of State's Office. Contact www.wv.gov for more information
- ☐ Copy of proof of general commercial liability coverage as required
- ☐ Verification of 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
- ☐ Completed APS/CPS check every five years. This information can be found on the website at www.wvdhhr.org.bcf.
- ☐ Completed original W-9
- ☐ Code of conduct statement

NOTE: Once approved, if the applicant decides to become an agency provider they are responsible for re-enrolling as an agency by completing the Agency Enrollment Form and submitting it to the address noted on this form.

Verification of credentials will be completed every two years or sooner by the WV DHHR.

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 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 this 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 provide additional services, change in counties of service and/or ceasing of providing an approved service code.

INDIVIDUAL PROVIDER'S SIGNATURE: _____

DATE:

Applications 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 |