

# BUREAU for CHILDREN and FAMILIES

## CAPS PROVIDER ENROLLMENT APPLICATION

*Comprehensive Assessment and Planning System*

Please complete this form to enroll your agency as a CAPS provider. 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.

Agency Name:

Agency Representative:

Agency Representative Title/Position:

Address:

City:

State:

Zip Code:

Phone #

Fax:

Email:

1. If the agency named on this enrollment form is a licensed behavioral health provider the following information is required:

License Number:

Status:

If you are not a licensed behavioral health provider list your name and the name(s) of the private psychological, psychiatric or mental health practice(s) that will be billing Medicaid contracted services:

Your Name:

Psychological/Psychiatric Practice:

License Number:

Status:

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

Agency Accreditation:

Mailing Address:

City:

State:

Zip Code:

Expiration Date:

Status of Accreditation:



Providers can be reimbursed for mileage when proving socially necessary CAPS services. You must enroll in Agency Transportation and Agency Transportation One as a service. This does not require that you provide transportation to the consumers.

SERVICES	COUNTY CODES
CAPS Family Assessment	
CAPS Case Management	
Agency Transportation	
Agency Transportation One	

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 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; of Excluded Individuals/Entities (HHS OIG LEIE)
- Willing to admit within 72 hours of accepting CAPS referral
- Agree to keep all CANS certifications current every year.

**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.

I 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. For more information contact [www.wv.gov](http://www.wv.gov).
- 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 staff individuals and agency vehicles transporting children or families. A copy of both must be on file for each staff individual/agency vehicle and kept current.
- List of the staff members who will be providing these services within the agency. Include an organizational chart Showing staff members
- Completed original W-9

APS/CPS Check for all staff and all subcontractors and their staff, completed every five years. This information can be found on the website at: [www.wvdhhr.org/bcf](http://www.wvdhhr.org/bcf).

Completed statement of criminal record every two years for all staff and all subcontractors and their staff

CAPS certificate of completion

CANS most recent certification

Statement of understanding regards to fraudulent billing.

All contracts including credentials and licensure for individuals providing/billing Medicaid services

Proof of HIPPA Compliance- please attach policy

Provider must complete provider modification request form any time a change in provider status occurs; including and not limited to, provider ceasing of providing approved service, change in counties of service, request to provide additional services, and change in Medicaid contractor for CAPS providers.

Once approved, agency providers are responsible for updating their enrollment information to reflect the current status of staffing, staff credentials, licensure, and insurance coverage for review upon the request of WV DHHR or designee.

Agency Representative Signature:

Title/Position:

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