

Bureau for Children and Families
Individual Provider Enrollment Application
Social 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	
Agency Transportation	
Agency Transportation Chafee	
Agency Transportation One	
Agency Transportation Two	
Agency Transportation Three	
Case Management	
Chafee Transitional Living Part II Phase I	
Chafee Transitional Living Placement Services Part II Phase II	
Child Oriented Activity	
Connection Visit	
Crisis Respite	

SERVICES	COUNTY CODES
Emergency Respite	
Family and Needs Assessment	
*Family Crisis Response	
*General Parenting	
*Home Maker Services	
*Individualized Parenting	
In-State Home Study	
Intensive Therapeutic Recreation Experience	
Intervention Travel Time	
Lodging	
MDT Attendance	

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

<i>SERVICES</i>	<i>COUNTY CODES</i>
Public Transportation	
Public Transportation One	
Public Transportation Two	
Public Transportation Three	
*Safety Services (bundle)	
Supervised Visitation One	
Supervised Visitation Two	
*Supervision	
Transportation Time	
Tutoring	

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.

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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)
- Copy of proof of general commercial liability coverage
- 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

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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