

**BUREAU for CHILDREN and FAMILIES  
PROVIDER MODIFICATION REQUEST**

*Socially Necessary Services*

Agency Name:

Agency Representative:

Agency Rep. Title/Position:

Address:

City:  State:  Zip Code:

Phone Number:  Fax Number:  Email:

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

License Number:

Status:

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

Accreditation Agency:

Mailing Address:

City:  State:  Zip Code:

Expiration Date:  Status of Accreditation:

3. Are you modifying your enrollment to reflect the formation of an agency?  Yes (STOP)  NO (Continue)

If the answer is yes to this question you cannot use the modification form, and you must complete the agency enrollment form. Please mark the form that you were previously an individual provider.

4. If CAPS provider, If you have changed the Contracted Medicaid provider you are using PLEASE LIST CHANGES:

Name:  License #:  Status:

NOTE: If a provider is found to be out of compliance with certification requirements, all payments made to that provider during the period of noncompliance are subject to disallowance.

**SERVICES AVAILABLE AND SERVICE AREA COUNTIES**

\*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.

# BUREAU for CHILDREN and FAMILIES

## PROVIDER MODIFICATION REQUEST

*(Socially Necessary Services)*

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 will provide services in every county in the state, please put "statewide". Please refer to the county list on page 4.

SERVICES	COUNTY CODES ONLY
*Adult Life Skills	
Agency Transportation	
Agency Transportation One	
Agency Transportation Two	
Agency Transportation Three	
Away from Supervision Support	
Case Management	
Chafee Transitional Living Placement Services	
Connection Visit	
Crisis Respite	
Daily Respite	
Emergency Respite	
Family and Needs Assessment	
Individual Review	
*Family Crisis Response	
*General Parenting	
Tutoring	
*Home Maker Services	
*Individualized Parenting	
In-State Home Study	
Intensive Therapeutic Recreation Experience	

SERVICES	COUNTY CODES ONLY
Intervention Travel Time	
Lodging	
MDT Attendance	
Meals	
Needs Assessment/Service Plan	
Out-of-State Home Study	
Pre-Adoptive Lodging	
Pre-Adoptive Meals	
Private Transportation	
Private Transportation One	
Private Transportation Two	
Private Transportation Three	
Public Transportation	
Public Transportation One	
Public Transportation Two	
Public Transportation Three	
*Safety Services (bundle)	
Supervised Visitation One	
Supervised Visitation Two	
Supervision	
Transportation Time	

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**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.

**AGENCY PROVIDERS**

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:

- Have read all the material(s) posted/enclosed.
- Wish to provide Social Necessary Services for WV DHHR under the established guidelines;
- Will follow the established standard of documentation of service stated within the Utilization Management Guidelines;
- Have ensured that all staff are credentialed prior to providing any services;
- Do not currently, nor at any point in future will employ, any individual currently listed on the Health and Human Services Office of Inspector Generals List of Excluded Individuals/Entities (HHS OIG LEIE).

AGENCY REPRESENTATIVE SIGNATURE: \_\_\_\_\_ DATE:

**INDIVIDUAL PROVIDERS**

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:

- Have read all material posted/enclosed;
- Wish to provide Socially Necessary Services for WV DHHR under the established guidelines;
- Will follow the established standard of documentation of service stated within the Utilization Management Guidelines;
- Are not, nor at any point in future will be listed on the Health and Human Services Office of Inspector Generals List of Excluded Individuals/Entities (HHS OIG LEIE);
- Have attached the proper documentation to prove you are properly credentialed to provide these services.

SIGNATURE: \_\_\_\_\_ DATE:

*Application must be mailed or hand-delivered to:*

**WVDHHR, 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*

UNTY	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