



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN
RESOURCES**

Bill J. Crouch
Cabinet Secretary

**Bureau for Social Services
Office of Programs and Resource Development
Division of Children and Adult Services
350 Capitol Street, Room 691
Charleston, West Virginia 25301**

Jeffrey Pack
Commissioner

Socially Necessary Services Expansion Request

Thank you for expressing interest in expanding services and/or counties of service as a Socially Necessary Services (SNS) Provider with the West Virginia Department of Health and Human Resources (DHHR), Bureau for Children and Families. SNS for children and families provide for the child's safety, permanency and well-being and cannot be covered through Medicaid. A need for the services you are wishing to provide must exist in the county to be granted an approval.

Below are the documents necessary to request an expansion of services and/or counties as an existing Provider:

1. A letter of support and indication of a need from the local Community Collaborative and DHHR County Community Services Manager for the county in which your services will be provided. If services will be provided in multiple counties, then a letter from each Community Collaborative and DHHR County Community Services Manager for the counties where you will provide services is required. The Community Collaborative and Community Services Manager must clearly state what services they are supporting.

The following must be addressed in the letter of support and need:

- Number of cases needing the SNS identified with the source and the date the data was collected. (This includes those cases where the service(s) is/are already being provided).
- Number of SNS providers in the area providing the service(s) identified.
- Explanation on why your service(s), is/are needed in your area. (This needs to be detailed, especially when there are other providers existing in the area and are not being utilized effectively or to their potential capacity.)
- Letters may be provided separately, or one letter can be submitted, if both the Community Collaborative(s) and DHHR County Community Services Manager(s) sign off on the letter.

2. Complete, sign and date the enclosed SNS Expansion Application as requested. Please be sure to enter the Provider number and county name(s), not the number of the county.

Please mail the documentation listed above to:

Mary C. Thompson
Community Partnerships/Children and Adult Services
WV Department of Health and Human Resources
Bureau for Children and Families
Children and Adult Services
350 Capitol Street, Room 691
Charleston, WV 25301

We look forward to reviewing and hopefully approving your request. If you have any questions, please feel free to contact me at 304-352-4523.

Warm regards,

Mary Thompson

Mary C. Thompson
Community Partnerships/Children and Adult Services
WV Department of Health and Human Resources
Bureau for Children and Families
Children and Adult Services