Bureau for Social Services



**HEALTHY FAMILIES AMERICA**

 **AGENCY PROVIDER REQUEST FORM**

**Socially Necessary Services**

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provider #­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are wishing to add a service, then check the “New Service” box for the designated service and include the county name(s) in which this service will be provided. Do not list by Regions.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **ADD** | **County Where Service Provided*****List County Name(s)*** | **REMOVE** |
| HEALTHY FAMILIES AMERICA |[ ]   |[ ]

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 compliant with these laws and regulations.

You are also agreeing to the following:

* Enrolling to become a provider of Socially Necessary Services and the services will be provided in the counties indicated on this application;
* Agree to adhere to the established guidelines set forth by the West Virginia Department of Health and Human Resources and the SNS Provider Agreement;
* Have properly credentialed staff members for 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 at <https://dhhr.wv.gov/bss/services/Pages/Socially-Necessary-Services.aspx>
* Provider and their employees will comply with BSS’s SNS Code of Conduct;
* Provider will comply with BSS’s SNS Provider Background Check Policy;
* Do not employ individuals who have been listed on the Health and Human Services Office of Inspector General’s list of Excluded Individuals/Entities (HH OIG LEIE)

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**