



## PERSONAL CARE SERVICES PROGRAM PROVIDER CERTIFICATION APPLICATION

### Part 1. Demographic Information

Check one:

- ☐ New Applicant  
☐ Continuing Certification

Legal Name of Agency

DBA (Doing Business As) if applicable

Street Address (If additional service locations, please submit a new form for each location)

Mailing Address

City

( ) Phone ( ) Fax E-Mail Address

Names of Counties for which you have a CON to serve.

Please document hours of office operations: \_\_\_\_\_

**Services will be delivered based on the individualized Person-Centered Plan of Care.**

\_\_\_\_\_  
Administrator/Director      Printed Name      Signature

\_\_\_\_\_  
Contact Person / Print Name      Title      Date of Application

**Part 2. In Addition to the completion of the Provider Application, the agency must comply with the following policy:**

**PROVIDER ENROLLMENT AND CERTIFICATION REQUIREMENTS**

If any interested party requests information about becoming a certified Personal Care (PC) Services Program provider, they will be referred to the PC manual on the BMS Web site. After examining the manual, the interested party must participate in and complete the Certificate of Need (CON) process. Once the agency has received a CON, the agency must request an on-site visit by the Bureau of Senior Services (BoSS) staff, the Bureau for Medical Services (BMS) contracted Operations Agency (OA), to assess the certification criteria (see 517.2 and 517.7) and provide initial program training. If the interested party is an existing ADW provider agency in good standing, the certification review may be expedited. If the party meets certification criteria, BMS's claims agent, Molina, will then be notified as part of the enrollment process.

**A. ENROLLMENT**

The BMS claims agent, Molina, will provide the applicant with an enrollment packet, including the Provider Agreement. The applicant will return the Provider Agreement signed by an authorized applicant representative to the Bureau for Medical Services. An authorized representative from BMS will sign the Provider Agreement and return a copy to the applicant. BMS will forward a copy of the Provider Agreement to the BMS claims agent. Once this process has been completed, the claims agent will assign a NPI number and send a letter informing the agency that it may begin providing and billing for PC services. A copy of this letter is also forwarded to BoSS to allow for the inclusion on the BoSS Web site and the Freedom of Choice provider selection forms, by which members may choose a PC agency.

**B. CERTIFICATION**

All providers must agree to abide by applicable federal and state laws, policy manuals, policy changes, and other documents that govern this program. Providers must also agree to subject themselves, their staff, and any and all records pertaining to member services to any audit, desk review, or other service evaluation that ensures compliance with billing regulations and program goals.

Additionally, new and current providers must meet and maintain the following requirements:

1. Provide adequate qualified personnel who meet minimum criteria for providers of the PC Program and who meet applicable licensure and/or other credentialing and training criteria. Direct care service providers must have a Criminal Investigation Background check (CIB) completed. Refer to section 517.6 thru 517.6.9 for specific CIB policy. PC providers are subject to the provisions of WV Code 15-2C-1 et seq., the Central Abuse Registry maintained by the WV State Police and WV Code 16-49-1 et seq., the WV Clearance for Access: Registry and Employment Screening Act (WV CARES).

2. Maintain records that fully disclose the extent of the services provided and furnish information to BMS, or its representative, as may be requested.

3. Provide to BoSS the names of the counties for which a CON has been granted to the agency. Provider must have a permanently staffed office(s).
4. Maintain an agency quality assurance plan that is consistent with the Centers for Medicare & Medicaid's (CMS) quality framework and assurances.

5. Office Criteria – There must be a physical facility; a post office box or commercial mailbox will not suffice. Each facility so designated must meet the following criteria and other criteria listed in section 517.2 and 517.7:

- a. Must be located within West Virginia.
- b. Must have at least one entrance that is handicapped accessible to the public and accessible from the street and/or parking lot. Handicapped parking must be available.
- c. Must maintain a telephone that is listed under the name and local address of the business. Exclusive use of a pager, answering service (including a telephone line that is shared with another business/individual), facsimile machine, cell phone, or answering machine does not constitute a primary business telephone but may be used after hours or for emergencies.
- d. Must be open to the public at least forty (40) hours per week. Observation of state and federal holidays is at the provider's discretion.
- e. Must contain space for securely maintaining member records. Appropriate medical documentation on each member must be kept by the PC provider in the office that represents the county in which services are provided. See BMS Common Chapter 300, section 320.5 for more information on maintenance of records.
- f. Must be identifiable to the public.

### **Part 3. PC Provider's Statement of Assurances and Compliance.**

**Check off the assurances before signing. Signatures must be from the individual authorized to sign for the provider entity.**

- ☐ 1. Provider assures that the entity complies and will maintain compliance with all requirements as specified in this application, and all applicable state and federal statutes, regulations and licensure requirements for the approved service(s).
- ☐ 2. Provider assures that the entity will provide only those Personal Care Program Service(s) which have been authorized in accordance with the Provider Agreement and Certification requirements.

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Submit the entire completed application, including the signed Statement of Assurances and Compliance, and all documentation for specified certification requirements by US Mail as directed in Part 4 of this application form.

**Unsigned/Undated applications will be returned**

## **Part 4. Certification Application for Personal Care Services Program:**

### **A WV State Plan Service**

#### **Review for Completion and Assignment**

If you are a **new applicant** mail application and all supporting documents to:

West Virginia Bureau of Senior Services

Attention: Director of Medicaid Operations, 1900 Kanawha Blvd., East,  
Charleston, WV 25305-0160

Forwarded for Review by: Arlene Hudson, Director of Medicaid Operations

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*Signature*

If you are a **current provider requiring continuing certification** mail application and all supporting documents to:

West Virginia Bureau of Senior Services

Attention: Director of Quality Assurance, 1900 Kanawha Blvd., East,  
Charleston, WV 25305-0160

Forwarded for Review by: Heather Smith, Nursing Director

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*Signature*