



Provider Enrollment Checklist

Provider Type 85/Specialty 885: Applied Behavior Analysis (ABA) Entity/Agency/Group

Please refer to the Provider Enrollment Information Booklet for guidance and to the applicable Medicaid Services Manual (MSM) Chapter for enrollment requirements. In addition, the following are required for your provider type and specialty. In the online application, upload specified documents where prompted and additional documents in the Miscellaneous Attachment section.

If you have any questions, please call the Gainwell Technologies Contact Center at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Pacific Time Monday through Friday.

- ☐ Clinical supervisor's professional license as a Psychologist under Nevada Revised Statute (NRS) 641.170 from the Nevada Board of Psychological Examiners or professional license as a Behavior Analyst (BCBA) under NRS 641D.300 from the Nevada Applied Behavior Analysis Board

Please initial and complete all that apply. Upload with online application.

The agency/entity/group provides Applied Behavioral Analysis services in the following locations:

_____ In an office location. - Is this setting a gated community? ☐ Yes ☐ No

Office Address-(No P.O. Box or Virtual Address)

_____ In the community. - Is this setting a gated community? ☐ Yes ☐ No

_____ In the recipient's residence. - Is this setting a gated community? ☐ Yes ☐ No

_____ In the provider's residence. - Is this setting a gated community? ☐ Yes ☐ No

_____ Recipient's records are secured per policy and located:

Physical Address (If a P.O. Box or Virtual Address is provided, this application may be denied.)