



Provider Enrollment Checklist for Provider Type 87

Crisis Services: Specialty 032, Certified Community Behavioral Health Centers (CCBHC) Delivering Mobile Crisis Response as a Designated Mobile Crisis Team (DMCT)

Designated Mobile Crisis Team (DMCT) enrollment under provider type (PT) 87 (Crisis Services), Specialty 032 (Certified Community Behavioral Health Centers Delivering Mobile Crisis Response as a Designated Mobile Crisis Team), is limited to Certified Community Behavioral Health Centers (CCBHC) under Section 1947 of the US Social Security Act (SSA) and Section 9813 of the American Rescue Plan Act of 2021 (ARPA; P.L. 117-2).

The following includes the required enrollment information and documentation for the DMCT attached to a CCBHC for the delivery of mobile crisis services. The Licensed Independent Professional for the CCBHC Delivering Mobile Crisis Response as a DMCT is responsible for the clinical oversight of the service. **CCBHCs shall obtain a separate NPI for their delivery of DMCT, rather than deliver the service under an existing NPI; a separate name for the DMCT is optional.** The DMCT attached to a CCBHC requires an endorsement to the CCBHC certification, which shall be obtained prior to and included with the submission of this enrollment. A completed checklist and required documentation shall be submitted with enrollment.

If you have any questions, please contact Provider Customer Service at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

Check one of the following boxes and include the completed checklist with your Provider Enrollment Packet (original document/signatures required) for PT 87 Specialty 032:

- New DMCT Enrollment: Complete all sections. Include a copy of all documents requested.
- Update to Current Enrollment: Complete the sections being updated, including the name of the CCBHC Delivering Mobile Crisis Response as a DMCT, the NPI of the CCBHC Delivering Mobile Crisis Response as a DMCT, and the DMCT Name (under DMCT Organization and Operation section). Include a copy of all documents requested.

Checking the required boxes indicates your attestation with the statement indicated. Failure to check a required box for attestation may result in the return of your application.

DMCT Organization and Operation

Complete all items, check boxes, and include a copy of indicated documentation for the CCBHC Delivering Mobile Crisis as a DMCT. The Licensed Independent Professional for the CCBHC Delivering Mobile Crisis Response as a DMCT shall be held as the responsible party for the information included in this enrollment checklist and shall be linked to the CCBHC. *Print clearly. Original wet signature is required.*

- The DMCT is operating under a CCBHC.
- Document of Certification as a Certified Community Behavioral Health Center (CCBHC) issued by the State of Nevada Department of Health and Human Services Division of Public and Behavioral Health (DPBH).
- Document of Endorsement for the CCBHC Delivering Mobile Crisis Response as a DMCT issued by the State of Nevada Department of Health and Human Services Division of Public and Behavioral Health (DPBH).

Name of the CCBHC Delivering Mobile Crisis Response as a DMCT: _____

NPI of the CCBHC Delivering Mobile Crisis Response as a DMCT: _____

DMCT Name (optional): _____

Name of The Licensed Independent Professional for the CCBHC Delivering Mobile Crisis Response as a DMCT: _____



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Licensure and Board of Examiners (BOE) of the Licensed Independent Professional for the CCBHC Delivering Mobile Crisis Response as a DMCT:

A copy of the certificate of clinical licensure is included with this application.

Signature of the Licensed Independent Professional for the CCBHC Delivering Mobile Crisis Response as a DMCT:

DMCT Staffing

This section shall be completed by the Licensed Independent Professional for the CCBHC Delivering Mobile Crisis Response as a DMCT.

The CCBHC Delivering Mobile Crisis Response as a DMCT agrees to follow DMCT Provider Eligibility Requirements under MSM 403.61(4) in relation to Nevada Medicaid enrollment, team members, provider supervision, and provider training.

Description Of DMCT Operation

A written operational description for the DMCT has been included in the application to verify DMCT compliance with Section 1947 of the SSA and is therefore eligible for an enhanced rate reimbursement and override of prior authorization requirements for Healthcare Common Procedure Coding System (HCPCS) H2011 (HT). Description will be used to determine operational readiness as a DMCT. Include a cover page with name of the CCBHC, unique and separate NPI of CCBHC Delivering Mobile Crisis Response as a DMCT, DMCT Name, and Name of the Licensed Independent Professional for the CCBHC Delivering Mobile Crisis Response as a DMCT. Include a description of the following requirements of policy and best practice standards (i.e., SAMHSA, National Council for Behavioral Health):

1. Access to Crisis Services and Dispatch of DMCT, including technology for communications with Crisis Call Center, Law Enforcement, transportation brokers, community partners, etc.
2. Staffing, including use of telehealth and dispatch of on-site staff
3. Provider Training, including culturally, linguistically, age-appropriate and historically marginalized populations
4. Services – Screening
5. Services – Assessment
6. Services – Crisis and Safety Plans (include sample documentation)
7. Services – Psychiatric Advance Directives (include sample documentation)
8. Services – Harm Reduction
9. Services – Coordination of Care
10. Services – Privacy and Confidentiality
11. Reporting Requirements (include copy of daily log document)



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Policy Declaration

This section is completed and signed by the Licensed Independent Professional for the CCBHC Delivering Mobile Crisis Response as a DMCT. *Original wet signature is required.*

I hereby declare that I have read the current Medicaid Services Manual (MSM) Chapters 100, 400, 2700 and 3300 as of the date below and understand the policies and how they relate (apply) to the DMCT scope of practice. I acknowledge that, as a Nevada Medicaid-contracted provider, The Facility/Group is responsible for complying with the MSM and with any updates to this policy as may occur with applicable state and federal laws.

Signature: _____ Date _____

Policy Acknowledgement

This section is signed by the Licensed Independent Professional for the CCBHC Delivering Mobile Crisis Response as a DMCT *Original wet signature is required.*

Changes to Medicaid Information

If the CCBHC affiliation changes, or the Licensed Independent Professional for the CCBHC Delivering Mobile Crisis Response as a DMCT changes, or any other pertinent information changes from what is presented above and on your enrollment/revalidation application, the Facility/Group is required to notify Nevada Medicaid of changes according to Chapter 100 policy and the Provider Handbook. All changes must be reported by using the Provider Web Portal at <https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>. After logging in, click on the “Revalidate – Update Provider” link under Provider Services. The Online Provider Enrollment User Manual Chapter 3 Revalidation and Updates on the Provider Enrollment webpage at <https://www.medicaid.nv.gov> provides instructions on navigating the Update Provider tool. **Failure to do so may result in termination of the contract at the time of discovery.**

I agree to abide by Nevada Medicaid’s change notification requirements:

Signature: _____ Date: _____

Reporting Fraud

I understand that Nevada Medicaid payments are made from federal and state funds and that any falsification, or concealment of a material fact, may be prosecuted under federal and state laws. Providers have an obligation to report to the DHCFP any suspicion of fraud, waste, or abuse in the Medicaid and Nevada Check Up (NCU) programs, including fraud, waste, or abuse associated with recipients or other providers (MSM Chapter 3300). Examples of fraudulent acts, false claims, and abusive billing practices are listed in MSM Chapter 3300. Alleged fraud, waste, abuse, or improper payment may be reported online at <http://dhcfp.nv.gov/Resources/PI/ContactSURSUnit/> or by calling (775) 687-8405.

I agree to abide by Nevada Medicaid’s fraud reporting requirements:

Signature: _____ Date: _____



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Qualifications

I have read, understand, and verify that the Facility/Group I represent meets the qualifications as outlined in MSM Chapter 400, **Section 403.6(I) Mobile Crisis Response Delivered by Designated Mobile Crisis Team.**

Signature: _____ Date: _____

Resources

The [Provider Enrollment](#) webpage provides instruction materials that will assist providers with enrolling in Nevada Medicaid.