



## Provider Enrollment Checklist for Provider Type 93 Spec 707

### Substance Use Treatment: Group Specialty 707, Substance Use Treatment Clinic

The following is a list of required enrollment documents for this provider type. A copy of each document listed below, along with this completed checklist, must be included with your provider enrollment application or revalidation.

Original signatures and initials are required on this form.

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.

Group Name: \_\_\_\_\_ Date: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

**Please check one of the following boxes. Updates to Clinical Supervisors of the agency are reported using this form and the appropriate change application.**

- New Enrollment, Re-enrollment, Revalidation or Change of Ownership
- Clinical Supervisor of the agency Update

**Attachments (please check the box indicating that a copy of the specified item is attached):**

- Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9).
- Current Substance Abuse Prevention and Treatment Agency (SAPTA) certificate/endorsement as a Co-Occurring Capable or Co-Occurring Enhanced Program.
- Current SAPTA certificate/endorsement showing certified American Society of Addiction Medicine (ASAM) Levels of Care.
- If applying to provide residential services in ASAM level 3, please list your bed count to ensure that you do not qualify as an Institution for Mental Disease (group specialty 704). \_\_\_\_\_
- Nevada Secretary of State Business License.
- Appropriate Clinical Laboratories Improvement Act (CLIA) certification for the level of testing performed, as applicable.
- If receiving state funding from Nevada Department of Health and Human Services, Division of Public Behavioral Health, please attach first page of your subgrant award.
- Associated Providers List with original provider signature(s).
- Current copy of the license for the Clinical Supervisor of the agency.
- Electronic Funds Transfer (EFT) form and voided check/bank letter.

**Select all subspecialties (ASAM levels of care that you are SAPTA certified to provide) for which you are enrolling:**

- 710 (Outpatient Behavioral Health or ASAM Level 1)



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Note: \*Groups who wish to also provide Outpatient Behavioral Health services under PT 93 should be certified as ASAM Level 1 and select 710.

- 711 (ASAM level 2.1)
- 712 (ASAM level 2.5)
- 713 (ASAM level 3 Residential)

Note: \*Groups who are certified as ASAM Level 3.1, 3.5 or 3.7WM should select 713.

**Clinical Supervisor**

Clinical Supervisor of the agency Name: \_\_\_\_\_

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

NPI: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinical Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Policy Declaration**

I hereby declare that I have read the current MSM Chapters 100, 400 and 3300 as of the date above and understand this policy and how it relates to my scope of practice. I acknowledge that, as a Nevada Medicaid-contracted provider, I am responsible for complying with the MSM, with any updates to this policy as may occur from time to time and with applicable state and federal laws. This entity meets all provider qualifications outlined in MSM Chapters 100 and 400.

I also understand that I am responsible for ensuring that all owners, administrators, managing employees, and all other employees providing direct services have a fingerprint-based criminal background check through the Department of Public Safety and Federal Bureau of Investigation. Failure to comply may result in administrative action including recoupment of Medicaid reimbursement and/or termination from the Medicaid program.

Owner name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**Resources:**

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