



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY
DIVISION OF HEALTH CARE PURCHASING AND COMPLIANCE
OFFICE OF THE MEDICAID INSPECTOR GENERAL

9850 Double R Blvd, Suite 200
 Reno, Nevada 89521
 NVHA.NV.GOV



Stacie Weeks, Director
 Cynthia Leech, Administrator

Enrollment Moratorium Exemption Request Form
Please select the applicable Provider Type

- Provider Type 29-Home Health Agency
- Provider Type 64-Hospice
- Provider Type 65-Hospice, Long Term Care

This form must be completed, signed, and submitted with your enrollment application if you are subject to a moratorium and are requesting approval to provide services due to an access-to-care need.

1. APPLICANT INFORMATION

Facility Name	NPI	Phone Number	Email Address	
Service Address	City	State	Zip	
Contact Person		Title and Phone Number		

2. EXPLANATION FOR EXEMPTION REQUEST

Please describe the need for this exemption form request. Please include relevant information to substantiate your request, where you plan to provide these services (rural/ urban), and why you believe there are access to care issues within the areas listed.

3. REQUIRED DOCUMENTATION

All of the following must be submitted with the moratorium waiver application:
<ul style="list-style-type: none"> • Complete Nevada Medicaid enrollment application • Signed Enrollment Moratorium Exemption Request form

4. NVHA TERMS AND CONDITIONS

By signing this moratorium Exemption request form, the applicant agrees to:

- Be provisionally enrolled with Nevada Medicaid for the duration of the moratorium period; and
- Be subject to a Fingerprint-Based Criminal Background Check (FCBC) and Site Visit.

5. APPLICANT ACKNOWLEDGMENT

I have read and agree with the NVHA Terms and Conditions for the moratorium waiver application.

Applicant Name

Title

Applicant Signature

Date