NEVADA HEALTH AUTHORITY
NevadaMedicaid.nv.gov

Provider Enrollment Checklist

Provider Type 14: Behavioral Health Outpatient Treatment
Specialty 318: Assertive Community Treatment

Please refer to the Provider Enrollment Information Booklet for enrollment guidance and Medicaid Services Manual (MSM) Chapter 400 for Assertive Community Treatment (ACT) 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. These documents will be forwarded to Nevada Medicaid for review.

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

ACT enrollment under provider type (PT) 14 (Behavioral Health Outpatient Treatment), Specialty 318, requires providers to obtain a unique and separate National Provider Identifier (NPI) for the delivery of ACT services. ACT services will only be reimbursable for PT 14 groups which have an ACT program approved by Nevada Medicaid.

Please be advised that if the information provided is incomplete, illegible, or the information is not clearly communicated or aligned with the request, the provider's ACT program may be rejected. This enrollment document is specific to ACT only and will not impact any other services under the PT 14 delivery model.

Future Credentialing/Certification Requirements Statement

Nevada Medicaid and the Division of Public and Behavioral Health (DBPH) have not yet established certification criteria or a credentialling process for ACT providers. Once the credentialing/certification process is finalized, providers will have 90 days from the date of notification to initiate the process with DPBH. Once certified, the provider may need to undergo periodic recertification with DPBH and compliance checks to maintain status as a Nevada Medicaid provider.

ACT Operation

Until DPBH Certification is available and obtained, providers are required to submit, upon enrollment and revalidation, a written operational description for the ACT program to verify ACT compliance with MSM Chapter 400.

Include a cover page with the name of the agency/organization enrolling as an ACT program, the unique and separate NPI of the agency/organization, and a description of the following requirements of policy and best practice standards (i.e., SAMHSA, National Council for Behavioral Health):

1. **Admission Criteria**
    - Clearly defined eligibility and admission requirements
2. **Staffing** - Description of staffing structure, including:
    - Name and NPI of the Team Leader
    - Clinical supervision
    - Use of telehealth and peer support providers
    - Protocols for dispatching on-site staff
3. **Provider Training** - Documentation of training programs addressing:
    - Cultural, linguistic, and age-appropriate care
4. **Services** – Describe the full range of ACT services provided in alignment with Medicaid policy and national best practice standards (e.g., SAMHSA). This should include how the program delivers integrated, person-centered care addressing mental health, co-occurring substance use, crisis intervention, medication management, daily living support, and recovery-focused services. Include information on:
    - Assessment and treatment planning processes
    - Service delivery methods (e.g., in-person, telehealth, community-based)

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- Coordination with external providers and community resources
- Include sample assessments, screenings, documentation and relevant procedures, where applicable

5. **Reporting Requirements**
   - Outline documentation and reporting practices
   - Include a sample of an Individual Treatment Plan, Daily Team Meeting Agenda