



Provider Enrollment Checklist for Provider Type 16

Intermediate Care Facilities for Individuals with Intellectual Disabilities, Public

The following is a list of required enrollment documents for this provider type. A copy of each document listed below must be included with your Provider Enrollment/Revalidation Packet.

If you have any questions, or if you are new to Nevada Medicaid, please contact the Provider Enrollment Unit at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

In-State Facilities

- Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)
- Bureau of Health Care Quality and Compliance (BHCQC) license indicating facility is Medicaid certified
- Complete and submit to DHCFP the following form. This form does not need to be included with your enrollment packet. The return email and mailing address to DHCFP are provided at the bottom of the form. The form is available by clicking on the link below and is also available on the Provider Enrollment webpage under "Required Enrollment Documents."
 - [Civil Rights Compliance Self-Evaluation & Certification \(NMH-3828\)](#)

Out-of-State Facilities

- Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)
- Bureau of Health Care Quality and Compliance (BHCQC) license as required in the state in which the facility is located indicating facility is Medicaid certified
- Complete and submit to DHCFP the following form. This form does not need to be included with your enrollment packet. The return email and mailing address to DHCFP are provided at the bottom of the form. The form is available by clicking on the link below and is also available on the Provider Enrollment webpage under "Required Enrollment Documents."
 - [Civil Rights Compliance Self-Evaluation & Certification \(NMH-3828\)](#)

You do not need to submit this checklist with your enrollment/revalidation documents.