



Provider Enrollment Checklist for Provider Type 17

Special Clinics - Specialty 188, Certified Community Behavioral Health Center (CCBHC)

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 or revalidation.

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

Notes:

- Providers must complete and submit, as instructed, the [Certified Community Behavioral Health Center \(CCBHC\) Enrollment Criteria](#) prior to submitting an application to enroll as a Nevada Medicaid CCBHC provider.
- Providers must have rates established by the Division of Health Care Financing and Policy (DHCFP) prior to enrolling as a Nevada Medicaid CCBHC provider.
- CCBHC providers enrolling an Access location must complete the attestation on page 2 of this Enrollment Checklist and submit the attestation with their enrollment or revalidation request.

Documents:

- Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9).
- 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).
- Providers must have a separate National Provider Identifier (NPI) specifically for CCBHC services.
- Substance Abuse Prevention and Treatment Agency (SAPTA) certificate/endorsement as a Co-Occurring Capable or Co-Occurring Enhanced Program.
- Substance Abuse Prevention and Treatment Agency (SAPTA) certificate/endorsement showing certified Levels of Care.

Resources:

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

You do not need to submit page 1 of this checklist with your enrollment or revalidation.



Special Clinics - Specialty 188, Certified Community Behavioral Health Center (CCBHC)

Certified Community Behavioral Health Center (CCBHC)

Access Site Attestation

(This attestation is required for CCBHC providers enrolling an Access location and must be submitted with enrollment or revalidation request.)

I attest that the information provided below is accurate to the best of my knowledge.

I understand that further documentation may be requested to verify the information provided below.

Access Site Location Address: _____

Access Site Telephone Number: _____

Local Business License Number and Expiration date (If exempted from obtaining a business license, provide proof of exemption with this form.):

Last inspection by local or State Fire Authority date and outcome: _____

Signature of Facility Representative

Date

Printed Name of Facility Representative

CCBHC Program Name

Certification #