

**Personal Care Services - Provider Agency**

Per Medicaid Services Manual (MSM) Chapter 3500, Section 3503.1B, 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 Packet.

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.

- Bureau of Health Care Quality and Compliance (BHCQC) License.
- Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9).
- Proof of Worker's Compensation Insurance.
- Proof of Commercial General Liability Insurance of not less than \$2 million general aggregate and \$1 million each occurrence, with the Nevada Division of Health Care Financing and Policy (DHCFP) named as an additional insured. DHCFP's address is 1100 E William St., Ste. 101, Carson City, Nevada 89701.
- Proof of Business Automobile Liability coverage of at least \$750,000 combined single limit for bodily injury and property damage; coverage must be for any auto owned, leased, hired or borrowed for use in rendering services. Policy must name DHCFP as an additional insured.
- Proof of Commercial Crime Insurance for employee dishonesty with minimum of \$25,000 per loss. Policy must name DHCFP as an additional insured.
- Written policies and procedures for compliance with service delivery, including service initiation, verification of recipient eligibility, supervisory requirements, and verification of service provision.
- Verification of completion of Federal Bureau of Investigations (FBI) criminal background checks for all stated owners, managers, administrators and employees.
- Written policies and procedures for compliance with the tuberculosis testing requirements of MSM Chapter 3500, Section 3503.1B and consistent with NAC 441A.375.
- Written policies and procedures for compliance with the provision of 24-hour accessibility.
- Written policies and procedures for compliance with the provision of backup services.
- Written referral source agreement and written policies and procedures for utilizing such agreement.
- Written training policies and procedures for ensuring compliance with requirements, including training curriculum, policies for issuance of training waiver as applicable, certification of completion and competency in required subject matter, as well as maintenance of acquired competencies.
- National Provider Identifier (NPI) validation: Printed page from the NPPES NPI Registry displaying the provider's NPI or a printed copy of the email confirmation showing the provider's NPI (*for agencies only*).

You do not need to mail this checklist with your enrollment documents.