



Personal Care Services - Intermediary Service Organization

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.

- Proof of certification to operate as an Intermediary Service Organization (ISO) by the Aging and Disability Services Division (ADSD) of the Nevada Department of Health and Human Services (DHHS).
- 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. Policy must name DHCFP 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, and recipient education for self-directing care and as a managing employer.
- 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 ensuring compliance with the tuberculosis testing requirements of Medicaid Services Manual (MSM) Chapter 2600, Section 2603.1B and consistent with NAC 441A.375.
- Written training policies and procedures for ensuring compliance with requirements for educating the recipient or personal care representative (PCR) in the skills to act as a managing employer including training curriculum, policies for basic competencies in required subject matter, as well as continued education.
- 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.