



Provider Enrollment Checklist for Provider Type 86

Specialized Foster Care

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 Provider Customer Service at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

- Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)
- Signed attestation from the licensing authority as defined in NRS 424.016 that affirms Home and Community Based Services (HCBS) settings compliance
- Nevada Secretary of State Business License

Resources:

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

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