



## Provider Enrollment Checklist for Provider Type 89

### Community Health Worker Services

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 Nevada Medicaid Provider Enrollment Unit at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

Enrollment for out-of-state and out-of-catchment is not allowed; refer to the [Provider Enrollment Information Booklet](#) for catchment areas.

#### Attachments

- ☐ Community Health Worker certificate from the Nevada Certification Board
- ☐ Supervisor's valid Nevada board license
- ☐ Collaborative Supervision Agreement ([attached](#))

#### 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.*

## **Supervision Agreement of Community Health Workers in Community Settings**

Prior to performing any of the services authorized for Community Health Workers (CHWs) under Medicaid Services Manual (MSM) Chapter 600 – Physician Services, a CHW must enter into a written collaborative Supervision Agreement with one of the following Nevada Medicaid enrolled providers:

- Physician
- Advanced Practice Registered Nurse (APRN) or Physician's Assistant (PA)
- Dentist
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Clinical Professional Counselor (LCPC)
- Nurse Midwife
- Nurse Anesthetist

The supervising provider of a CHW must be an actively enrolled Medicaid provider located in the state of Nevada and/or within [designated catchment areas](#). A CHW will be denied enrollment or have their enrollment terminated under this supervisor if the supervising provider listed on this agreement is not enrolled with Nevada Medicaid and linked to the same group provider to which the CHW is linked.

The services to be provided by the CHW in community settings must conform with Nevada Revised Statutes (NRS) Chapter 449 and MSM Chapter 600.

### **Supervision Protocols**

An updated signed copy of this Supervision Agreement will be required upon Nevada Medicaid revalidation of the CHW.

1. It is essential that the supervisor has sufficient time to dedicate to CHW supervision which can improve CHW motivation and engagement. A supervisor's role is to be regularly available, provide ongoing support, prioritize safety, and offer mentoring and coaching to CHWs. Supervisory tools, such as guides, logs, and checklists, can facilitate supervision.

In rural areas, it may be necessary to conduct supervision meetings via phone or video conference.

2. Adequate documentation is essential to ensure accurate billing and reimbursement. The supervisor will provide the CHW guidance on their business practice documentation requirements.

Health Insurance Portability and Accountability Act (HIPAA) compliant documentation is required for each day the service is delivered, must be legible, and housed in the recipient's medical file.

Refer to MSM Chapter 100 for medical record documentation requirements, record retention, and the safeguarding of confidential information, including notes or documentation, in compliance with HIPAA.

## SUPERVISING AGREEMENT

**Community Healthcare Worker Name: (Print)** \_\_\_\_\_

CHW NPI: \_\_\_\_\_

CHW Certificate Number: \_\_\_\_\_

Primary Practice Name: \_\_\_\_\_

Primary Practice Address: \_\_\_\_\_

Primary Practice NPI: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the CHW, understand that it is my responsibility to notify Nevada Medicaid if there is a change in supervision. I will notify Nevada Medicaid within five business days by completing an Update Application and attaching a new collaborative Supervision Agreement with the new CHW supervisor. I certify that I have read, understood, and agree to comply with all parts of this agreement.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervising Provider Name: (Print)** \_\_\_\_\_

Supervisor Professional Title: \_\_\_\_\_

Supervisor NPI: \_\_\_\_\_

Supervisor License Number: \_\_\_\_\_

Primary Practice Name: \_\_\_\_\_

Primary Practice Address: \_\_\_\_\_

Primary Practice NPI: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisors must have written policies and procedures in place to document the process to ensure supervision is performed on a regular basis. Supervisors must evaluate the effectiveness of the CHW's supportive role to address the recipient's needs including CHW documentation review.

I, the CHW supervisor, understand the scope of service and service limitations criteria detailed in MSM Chapter 600 – Physician Services.

I also agree to supervise this CHW and agree to maintain written policies and procedures in accordance with this collaborative Agreement. Additionally, I will ensure that the CHW referenced in this collaborative Agreement will maintain an active Nevada Certification Board Community Health Worker certificate for the duration of their Nevada Medicaid enrollment under my supervision. I certify that I have read, understood, and agree to comply with all parts of this agreement.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_