

Medical Supervisor Acknowledgement

For Behavioral Health Outpatient Treatment, Provider Type 14

Services Provided

A Behavioral Health Outpatient Treatment entity (provider type 14) must offer the following services directly or through a written agreement with other qualified providers. The medical supervisor must initial each line below to acknowledge that the entity offers this service. Nevada Medicaid is not responsible for reimbursement to employees and/or contracted providers of the Behavioral Health Outpatient Treatment entity.

Initials	Requirement
	Outpatient services such as assessments, therapy, testing and medication management.
	24-hour per day emergency response for recipients.
	Screening for recipients under consideration for admission to inpatient facilities.
	Access to psychiatric services, when medically appropriate.
	Case management.

Operational Requirements

Nevada Medicaid requires the following operational components for all Behavioral Health Outpatient Treatment entities. As a part of Nevada Medicaid enrollment, the medical supervisor must initial each component to acknowledge that the requirement is in place. Nevada Medicaid may request proof of these requirements before enrollment is processed.

Initials	Requirement
	Outpatient services such as assessments, therapy, testing and medication management.
	24-hour per day emergency response for recipients.
	Screening for recipients under consideration for admission to inpatient facilities.
	Access to psychiatric services, when medically appropriate.
	Case management.

Initials	Requirement
	Written policy and procedure to ensure medical appropriateness of services provided

As the medical supervisor for the Behavioral Health Outpatient Treatment entity named below, I acknowledge that I am licensed to practice in the State of Nevada, I am enrolled as an individual provider with Nevada Medicaid, I have at least two years experience in a mental health setting and I have the competency to oversee and evaluate a comprehensive mental health treatment program.

Behavioral Health Outpatient Treatment entity name: _____

Medical Supervisor name (print or type): _____

Medical Supervisor professional title: _____

Medical Supervisor National Provider Identifier (NPI): _____

Medical Supervisor signature: _____ **Date:** _____