



## Provider Enrollment Checklist for Provider Type 29

### Home Health Agency

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 Provider Enrollment Unit 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)
- Licensure as an Agency to provide Nursing in the Home issued by the State of Nevada Department of Health and Human Services Division of Public and Behavioral Health (DPBH)
- Active enrollment in Medicare is required. Enrollment will be validated by Nevada Medicaid. The information on the application must match Medicare enrollment.
- A completed and signed Nevada Department of Public Safety Fingerprint Background Waiver for each owner with 5% or more direct or indirect ownership interest, as persons meeting this ownership criteria may be subject to the Fingerprint-based Criminal Background Check (FCBC) requirement per 42 CFR 455.434. Information regarding this requirement can be found in Web Announcement 1406 at [www.medicaid.nv.gov](http://www.medicaid.nv.gov).
  - [Fingerprint Background Waiver Form](#)
- Complete and submit to DHCFP the following form. This form does not need to be included with your enrollment/revalidation documents. The return email and mailing address to DHCFP are provided at the bottom of the form. The form is available by clicking on the link below and is also available on the Provider Enrollment webpage under "Required Enrollment Documents."
  - [Advance Directives Compliance Self-Evaluation & Certification \(NMH-3827\)](#)

#### 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.*