



Provider Enrollment Checklist

Provider Type 14: Behavioral Health Community Network

Specialty 814: Entity/Agency/Group

Please refer to the Provider Enrollment Information Booklet for enrollment guidance and to the applicable Medicaid Services Manual (MSM) Chapter for your provider type and enrollment requirements. In addition, the following are required for your provider type and specialty. For any attachment that is not integrated into the application, please upload the required documentation to the Miscellaneous Attachments section of the application.

If you have any questions, please call the Gainwell Technologies Contact Center at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Pacific Time Monday through Friday.

Please check the applicable box for each section below and provide service address information. Upload the completed checklist with your application.

The agency/entity/group provides behavioral health services in the following locations:

1. In an office location. - Is this setting a gated community? ☐ Yes ☐ No

Office Address - (No P.O. Box or Virtual Address)

2. In the community. - Is this setting in a gated community? ☐ Yes ☐ No
3. In the recipient's residence. - Is this in a gated community? ☐ Yes ☐ No
4. In the provider's residence. - Is this setting in a gated community? ☐ Yes ☐ No
5. Recipient's records are secured per policy and located at:

Physical Address (If a P.O. Box or Virtual Address is provided, this application may be denied)

Attachments

- ☐ When applicable, the Behavioral Health Community Network (BHCN) must include its Intensive Outpatient Program (IOP) description and schedule; these documents will be forwarded to the Division of Health Care Financing and Policy (DHCFP) for review.
- ☐ When applicable, the BHCN must include its contract to provide Partial Hospitalization Program (PHP), which specifically outlines the roles and responsibilities of both parties (hospital or Federally Qualified Health Center and BHCN) in providing this program; these documents will be forwarded to DHCFP for review.
- ☐ When applicable, the BHCN must complete an additional and separate enrollment for the delivery of Day Treatment services under PT 14 Specialty 308.