

Provider Enrollment Checklist

Provider Type 54: Targeted Case Management Specialties: 237: Severely Mentally III 238: Severely Emotionally Disturbed 239: Individuals with Intellectual Disabilities and Related Conditions 240: Developmentally Disabled 242: Juvenile Justice 243: Child Protective Services 954: Targeted Case Management

Please refer to the Provider Enrollment Information Booklet for guidance and to the applicable Medicaid Services Manual (MSM) Chapter for enrollment requirements. In addition, the following are required for your provider type and specialty. In the online application, upload specified documents where prompted and additional documents in the Miscellaneous Attachment section.

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 update the following information and upload with the online application.

Please identify one of the following agency affiliations below and identify the agency's name:

State Agency Name:	
County Agency Name:	
Private Community Agency Name:	

Service Agreements: If case management services are provided by a private community agency, please **provide a copy** of the service agreement with the State or County agency for which you perform services.

Please check the target group(s) you are requesting to serve:

(Providers must meet qualifications according to the targeted population the agency intends to serve.)

	Adults with a	Non-Serious M	ental Illness (Non-SMI)
--	---------------	---------------	-------------------------

Adults with a Serious Mental Illness (SMI)

Children and Adolescents with a Non-Severe Emotional Disturbance (Non-SED)

Children and Adolescents with a Severe Emotional Disturbance (SED)

Child Protective Services

Juvenile Parole Services

Juvenile Probation Services

Infants and Toddlers Developmentally Delayed Under Age 3

Persons with Intellectual Disabilities or Related Conditions