



## Provider Enrollment Checklist

### Provider Type 87: Crisis Services

#### Specialty 031: Mobile Crisis Response Delivered by a Designated Mobile Crisis Team (DMCT)

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.

Designated Mobile Crisis Team (DMCT) enrollment under provider type (PT) 87 (Crisis Services), Specialty 031 (Mobile Crisis Response Delivered by a Designated Mobile Crisis Team), is currently limited to Nevada governmental agencies, as permitted under Section 1947 of the US Social Security Act (SSA) and Section 9813 of the American Rescue Plan Act of 2021 (ARPA; P.L. 117-2).

The Independent Professional Supervising Mobile Crisis Delivered by a DMCT is responsible for the clinical oversight of the service. Governmental agencies shall obtain a unique and separate NPI for their delivery of DMCT, rather than deliver the service under an existing NPI; a separate name for the DMCT is optional. Required documentation shall be submitted with enrollment.

#### DMCT Organization and Operation

Complete all items and check boxes, and include a copy of indicated documentation for the DMCT and governmental agency under which the DMCT will operate. The Independent Professional Supervising Mobile Crisis Response Delivered by a DMCT shall be held as the responsible party for the information included in this enrollment checklist and shall be linked to the enrollment of the governmental agency. *Provide requested documentation. Print clearly.*

☐ The DMCT is operating under a governmental agency.

Name of governmental agency enrolling Mobile Crisis Response Delivered by A DMCT:

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NPI of governmental agency enrolling Mobile Crisis Response Delivered by A DMCT:

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DMCT Name (optional): 

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Name of Independent Professional Supervising Mobile Crisis Response Delivered by A DMCT:

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Licensure Number and Board of Examiners (BOE) for Independent Professional Supervising Mobile Crisis Response Delivered by A DMCT: 

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☐ A copy of the certificate of clinical licensure is included with this application.



**Provider Type 87: Crisis Services**

**Specialty 031: Mobile Crisis Response Delivered by a Designated Mobile Crisis Team (DMCT)**

**DMCT Staffing**

This section shall be completed by the Independent Professional Supervising Mobile Crisis Delivered by State Agency Clinical Representative for Mobile Crisis delivered by a DMCT.

**DESCRIPTION OF DMCT OPERATION**

- ☐ A written operational description for the DMCT has been included in the application to verify DMCT compliance with Section 1947 of the SSA and is therefore eligible for an enhanced rate reimbursement and override of prior authorization requirements for Healthcare Common Procedure Coding System (HCPCS) H2011 (HT). The description will be used to determine operational readiness as a DMCT. Include a cover page with the name of the governmental agency, unique and separate NPI of the governmental agency enrolling Mobile Crisis Response Delivered by A DMCT, DMCT Name, and Name of Independent Professional Supervising Mobile Crisis Response Delivered by a DMCT. Include a description of the following requirements of policy and best practice standards (i.e., SAMHSA, National Council for Behavioral Health):
1. Access to Crisis Services and Dispatch of DMCT, including technology for communications with Crisis Call Center, Law Enforcement, transportation brokers, community partners, etc.
  2. Staffing, including use of telehealth and dispatch of on-site staff
  3. Provider Training, including culturally, linguistically, age-appropriate and historically marginalized populations
  4. Services – Screening
  5. Services – Assessment
  6. Services – Crisis and Safety Plans (include sample documentation)
  7. Services – Psychiatric Advance Directives (include sample documentation)
  8. Services – Harm Reduction
  9. Services – Coordination of Care
  10. Services – Privacy and Confidentiality
  11. Reporting Requirements (include copy of daily log document)