



Provider Enrollment Checklist

Provider Type 87: Crisis Services

Specialty 032: Certified Community Behavioral Health Centers (CCBHC) Delivering Mobile Crisis Response as 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 032 (Certified Community Behavioral Health Centers Delivering Mobile Crisis Response as a Designated Mobile Crisis Team), is limited to Certified Community Behavioral Health Centers (CCBHC) 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 Licensed Independent Professional for the CCBHC Delivering Mobile Crisis Response as a DMCT is responsible for the clinical oversight of the service. **CCBHCs shall obtain a separate NPI for their delivery of DMCT, rather than deliver the service under an existing NPI; a separate name for the DMCT is optional.** The DMCT attached to a CCBHC requires an endorsement to the CCBHC certification, which shall be obtained prior to and included with the submission of this enrollment.

DMCT Organization and Operation

Complete all items, check boxes, and include a copy of indicated documentation for the CCBHC Delivering Mobile Crisis as a DMCT. The Licensed Independent Professional for the CCBHC Delivering Mobile Crisis Response as a DMCT shall be held as the responsible party for the information included in this enrollment checklist and shall be linked to the CCBHC. *Print clearly.*

- ☐ The DMCT is operating under a CCBHC.
- ☐ Document of Certification as a Certified Community Behavioral Health Center (CCBHC) issued by the Nevada Health Authority (NVHA) Division of Public and Behavioral Health (DPBH).
- ☐ Document of Endorsement for the CCBHC Delivering Mobile Crisis Response as a DMCT issued by the Nevada Health Authority (NVHA) Division of Public and Behavioral Health (DPBH).

Name of the CCBHC Delivering Mobile Crisis Response as a DMCT:

NPI of the CCBHC Delivering Mobile Crisis Response as a DMCT: _____

DMCT Name (optional): _____

Name of The Licensed Independent Professional for the CCBHC Delivering Mobile Crisis Response as a DMCT:

Licensure and Board of Examiners (BOE) of the Licensed Independent Professional for the CCBHC Delivering Mobile Crisis Response as a DMCT: _____

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



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DMCT Staffing

This section shall be completed by the Licensed Independent Professional for the CCBHC Delivering Mobile Crisis Response as 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). Description will be used to determine operational readiness as a DMCT. Include a cover page with name of the CCBHC, unique and separate NPI of CCBHC Delivering Mobile Crisis Response as a DMCT, DMCT Name, and Name of the Licensed Independent Professional for the CCBHC Delivering Mobile Crisis Response as 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)