



Provider Enrollment Checklist for Provider Type 93 Specialty 705

**Substance Use Treatment: Specialty 705, Licensed Clinical Alcohol and Drug Counselor Intern (LCADC-I)**

The following is a list of required enrollment documents for this provider type. A copy of each document listed below, along with this completed checklist, must be included with your provider enrollment application or revalidation.

Original signatures and initials are required on this form.

If you have any questions, please contact the Nevada Medicaid Provider Enrollment Unit at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

LCADC-I Name: \_\_\_\_\_ Date: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

**Attachments**

*Initial each space below to signify that a copy of the specified item is attached.*

\_\_\_\_\_ Copy of license as a Licensed Clinical Alcohol and Drug Counselor Intern

**Provisional Licensure**

I understand that if I am, or become, licensed temporarily with a provisional certificate, I should enroll as, or stay enrolled as, a provider type 93 specialty 705 until I pass my exam and obtain my permanent license.

LCADC-I Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Clinical Supervisor**

I understand that I cannot function as a Clinical Supervisor for this or any Medicaid agency.

LCADC-I Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Policy Acknowledgement**

I hereby declare that I have read the current Medicaid Services Manual (MSM) Chapters 100, 400, 3300 and 4100 and understand the policies and how they relate (apply) to my scope of practice. I acknowledge that, as a Nevada Medicaid-contracted provider, I am responsible for complying with the MSM, with any updates to this policy as may occur from time to time and with applicable state and federal laws.

LCADC-I Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Changes to Medicaid Information**

If your employer, your license status or any other pertinent information changes from what is presented above, and on your enrollment application, you are required to notify Nevada Medicaid. All changes must be reported by using the Provider Web Portal at <https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>. After logging in, click on the "Revalidate – Update Provider" link under Provider Services. The Online Provider Enrollment User Manual Chapter



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3 Revalidation and Updates on the Provider Enrollment webpage at <https://www.medicaid.nv.gov> provides instructions on navigating the Update Provider tool.

*Please refer to MSM Chapter 100, Section 103.3 and report any change that affects the provider's enrollment status. Changes that are required to be reported must be done within the specified time frame.*

I hereby accept Nevada Medicaid's change notification requirements:

LCADC-I Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Reporting Fraud

I understand that Nevada Medicaid payments are made from federal and state funds and that any falsification, or concealment of a material fact, may be prosecuted under federal and state laws. Providers have an obligation to report to the Division of Health Care Financing and Policy (DHCFP) any suspicion of fraud or abuse in DHCFP programs, including fraud or abuse associated with recipients or other providers (MSM Chapter 3300). Examples of fraudulent acts, false claims and abusive billing practices are listed in MSM Chapter 3300. Alleged fraud, abuse or improper payment may be reported by calling (775) 687-8405.

I hereby agree to abide by Nevada Medicaid's fraud reporting requirements:

LCADC-I Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Resources:

The [Provider Enrollment](#) webpage provides instruction materials that will assist providers with enrolling in Nevada Medicaid.