



February 14, 2024

Nevada Medicaid Web Announcement 3277

Enrollment Begins for Certified Community Behavioral Health Centers (CCBHCs) Statewide

Effective January 1, 2024, Nevada Medicaid has begun enrollment for Certified Community Behavioral Health Centers (CCBHCs) statewide to all qualified providers. Providers who wish to enroll under provider type (PT) 17 (Special Clinics) specialty 188 (CCBHC) must complete and submit the documents specified on the attached [Enrollment Criteria](#) to the Division of Health Care Financing and Policy (DHCFP) via email at: CCBHC@dhcp.nv.gov. The DHCFP Team Lead will contact the provider to set up a meeting for next steps. Submission of the Enrollment Criteria does not provide for enrollment approval.

The [Enrollment Criteria](#) is attached and is also posted on the Provider Enrollment webpage for [Provider Type 17 Special Clinics](#) next to the specialty 188 Provider Enrollment Checklist.

Please note: This new enrollment process does not impact CCBHC providers currently enrolled under PT 17 specialty 188.



Provider Type 17 Special Clinics - Specialty 188, Certified Community Behavioral Health Center (CCBHC) Enrollment Criteria

Beginning January 1, 2024, Nevada Medicaid has opened provider type 17 Special Clinics – specialty 188 Certified Community Behavioral Health Center (CCBHC) enrollment for CCBHCs statewide to all qualified providers who have followed the steps and process outlined herein.

Step One

All providers seeking to enroll as a PT 17 specialty 188 must first watch the following:

- DHCFP informational workshop which can be [viewed](#) on YouTube.
- CCBHC enrollment [webinar](#) presented by the Center for the Application of Substance Abuse Technologies (CASAT) with the University of Nevada Reno.

Step Two

Providers must be able to document that the following criteria, conditions and requirements have been met prior to enrollment.

A. Existing Nevada CCBHCs

For an existing CCBHC in Nevada to enroll in another location, the CCBHC must have:

- No statement of deficiency in place in the last 6 months prior to enrollment date; and
- No plan of correction filed with Nevada Medicaid in the last 6 months prior to enrollment date.

B. Prospective and Existing CCBHCs

All CCBHCs must satisfy each of the following criteria or conditions:

1. Enroll as a behavioral health PT with Nevada Medicaid for a minimum of 6 months prior to the application.
 - a. Examples: PT 14, 17-215 or 26
2. No decertification as a CCBHC by the Division of Health Care Financing and Policy (DHCFP) in the last two calendar years prior to enrollment date.
3. Obtain an Independent National Provider Identifier (NPI) for the CCBHC.
4. Review and meet the policies outlined for CCBHCs in [Medicaid Services Manual \(MSM\) Chapter 2700](#).
5. Review and meet the requirements under the [Medicaid State Plan](#).
6. Review the [Billing Guide for 17-188](#) and Allowable Services Grid
7. Complete the [SAMHSA CCBHC Certification criteria](#).
8. Complete the [CCBHC Criteria Compliance Checklist](#).
9. Complete a Readiness Tool.
10. Complete a Needs Assessment.
11. Identify a Catchment Area.
12. Review the CASAT Technical Assistance Guide.
13. Satisfy documentation for the Department of Public and Behavioral Health, Healthcare Quality and Compliance (HCQC):
 - a. Evidence of zoning approval (conditional use verification form or special use permit from the local city or county jurisdiction).
 - b. Current Business License.
 - c. Lease agreement (if applicable).
 - d. Partnership agreement (if applicable).
 - e. Articles of incorporation (for corporations only) OR Article of organization (for LLCs only).



Provider Type 17 Special Clinics - Specialty 188, Certified Community Behavioral Health Center (CCBHC) Enrollment Criteria

- f. Governing body bylaws (for corporations only) or Operating agreement (for LLCs only).
 - g. Certificate of compliance from State Fire Marshall or local fire agency where the facility is physically located.
 - h. Facility floor plan with dimensions.
14. Complete the CCBHC Personnel Checklist and staffing plan.
 15. Develop a Policy and Procedure Manual for your CCBHC.
 16. Establish a CCBHC Governing Board.
 17. Satisfy the Following Data Requirements:
 - a. The CCBHC is required to provide data to the State of Nevada at regular intervals. Extracts will require customized reports in set formats to meet State of Nevada requirements. It is imperative that Electronic Health Records (EHR) system vendors are vetted to ensure minimum requirements can be met. Data submissions will consist of at minimum, but not limited to, non-Medicaid extract reports, quality measure EHR extracts, caseload characteristics, and other reports as requested. The CCBHC will need to provide the following:
 - i. Indicate which EHR vendor the agency is currently utilizing or will adopt.
 - ii. Provide the name and contact information for a point of contact with the EHR vendor for follow-up questions.
 - iii. If extracts to meet State of Nevada requirements have not already been developed, provide a detailed timeline from the EHR vendor for extract development and implementation.
 - b. The CCBHC is required to adopt a hybrid or fully digital modality for conducting mandatory client surveys. CCBHCs are provided with digital survey links (URL links), QR codes and PDFs for each survey type. The CCBHC will need to provide the following:
 - i. Indicate whether the hybrid or fully digital modality will be adopted.
 - ii. Provide the name and contact information for an internal point of contact for surveys.
 - iii. Provide a short description of how surveys will be implemented and conducted.

All of the above documentation must be submitted to the State Team Lead by sending an email to: CCBHC@dncfp.nv.gov. The State Team Lead will schedule a telephone interview with the prospective provider team within 2 weeks of receipt of the required documentation. All documents need to be named and numbered according to the above list when submitted. Only complete submissions will be considered.

Questions can be directed to Nevada Medicaid by sending an email to: CCBHC@dncfp.nv.gov