

**Provider information**

Provider Name	Provider ID
<input type="text"/>	<input type="text"/>

**Provider Notice**

Dear Nebraska Medicaid Provider:

During a recent conversation with Department of Health and Human Services staff, you indicated your interest in being considered as a provider of the services checked below. For each service level checked, please complete a Medicaid Provider Agreement and attach to the Agreement the specific information defined in the identified paragraphs from the "General Program Information Sheet" enclosed.

- Outpatient (Individual, family, group, psych testing)  
Items: 1, 2, 3f, 3k, 3q, 5, 7: if group - 3a, 3b, 3c, 3e
- Community Treatment Aide  
Items: 1, 2, 3a through 31, 3p, 3q, 3r, 3s, 3v, 4, 5, 7
- Intensive Outpatient Program  
Items: 1, 2, 3a through 31, 30, 3p, 3q, 3s, 4, 5, 7
- Treatment Crisis Intervention  
Items: 1, 2, 3a through 31, 3o through 3u, 3w, 4, 5, 6, 7
- Day Treatment  
Items: 1, 2, 3a through 3u, 3w, 4, 5, 6, 7
- Professional Resource Family Care  
Items: 1, 3a through 31, 3o through 3u, 3w, 4, 5, 6, 7
- Therapeutic Group Home  
Items: 1, 2, 3a through 3u, 3w, 4, 5, 6, 7
- Psychiatric Residential Treatment  
Items: 1, 2, 3a through 3u, 3w, 4, 5, 6, 7
- Inpatient Hospital Care  
Items: 1, 2, 3a through 3u, 3w, 4, 5, 7 and a typical program schedule

On the MC-19 Provider Agreement, please indicate in Field #7, the service level for which you are requesting enrollment. Please send the requested information as soon as possible.

Sincerely,

Lori Lewis  
Program Specialist, Mental Health/Substance Abuse  
Medicaid Long-Term Care

CP-6  
Enclosures

If you would like to review Fee Schedules you can do so via the Internet:

<http://www.hhs.state.ne.us/med/medindex.htm>

If you would like to review our Policy you can do so via the Internet:

<http://www.hhs.state.ne.us/reg/t471.htm>

**Signature and Date**

I have read and understand the above standards as explained by the agency representative. I certify that I/my agency will meet all the above standards while providing personal emergency response services.

Provider/Agency Representative Signature

Date

