

**Provider information**

Provider Name	Provider ID
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**Provider Notice**

Dear Nebraska Medicaid Provider:

To enroll as a Medicaid provider of outpatient services (individual, family and/or group therapy and non hospital based psychological testing), please complete the following questions (1-5). To enroll a new supervising practitioner to an existing group only complete number 1. The responses to 1-5 will need to be completed as well as the MC19. If you are requesting enrollment consideration of services other than outpatient, please contact Provider Enrollment at 877 255-3092.

In order to serve clients who are Medicaid/Managed care eligible, the provider must be credentialed in the Managed Care entity.

For licensed physicians who are not psychiatrists, and are enrolling to provide and supervise Mental Health/Substance Abuse services according to 471 NAC Chapters 20 and 32: the primary specialty in field 7a on the MC-19 Medicaid Provider Agreement must indicate Mental Health/Substance Abuse. The primary specialty applies for the purpose of this provider agreement only. This does not imply the physician is a psychiatrist.

In addition to the completed Provider Agreement, submit the following:

- 1) The specific involvement of the supervising practitioner (physician or licensed psychologist).
  - a) Describe the supervising practitioner and therapist's role in the initial assessment of the client.
  - b) Explain how the supervising practitioner and therapist develop the initial treatment plan and how the treatment plan is updated (include timeframes).
  - c) Explain how the supervising practitioner provides assistance, guidance and direction as treatment is provided to the client.
  - d) How is the ongoing face-to-face assessment/treatment of the client by the supervising practitioner determined?
  - e) How the supervising practitioner can be assessed in an emergency, and a statement indicating that the supervising practitioner understands and agrees to this involvement.

This statement must be reviewed and signed and dated by all supervising practitioners providing supervision to therapists for this provider number.

- 2) How the special needs of clients will be addressed. These special needs include, but are not limited to, clients who are aggressive, suicidal, or destructive, are physically disabled, speak another language, are deaf or hearing impaired or blind.
- 3) How the treatment program meets the following general requirements of the NMAP (Nebraska Medical Assistance program): Community based, Family centered, Developmentally appropriate, and Culturally competent.
- 4) The program's personnel statements concerning non-discrimination and drug-free workplace.

Sincerely,

Lori Lewis  
Program Specialist  
Mental Health/Substance Abuse  
Division of Medicaid and Long-Term Care

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

<http://www.dhhs.ne.gov/med/medindex.htm>

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

<http://www.dhhs.ne.gov/reg/1471.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