

CCBHC Policy and Procedure Acknowledgement

- [MSM 100- Medicaid Program](#)
- [MSM 400- Mental Health and Alcohol and Substance Use Services](#)
- [MSM 400- Targeted Case Management](#)
- [MSM 2700- Certified Community Behavioral Health Clinic](#)
- [MSM 3800- Medication Assisted Treatment](#)
- [Nevada Medicaid State Plan CCBHC starts on 284 QIP starts on page 684](#)
- [Billing Guide](#)
- [CCBHC Allowable Services Grid](#)
- [CCBHC Certification Criteria](#)

I hereby attest that I have read and understood the relevant sections of the Medicaid Services Manual. I acknowledge my responsibility to comply with the policies, procedures, and regulations outlined therein, and I agree to adhere to all applicable rules and requirements as a condition of my participation in the Medicaid program.

Signature: _____ **Date:** _____

Name (Print): _____ **Title:** _____