



therapy program, which is in compliance with the federal regulation.

In addition, the regulation gives health care providers guidance on medically necessary service coverage for Medicaid and Nevada Check Up reimbursement.

**3. What is the anticipated adverse impact, if any, on impacted groups – including, but not limited to, businesses of all sizes, small communities and government entities?**

No anticipated adverse impact.

**4. What is the anticipated cost – both directed and indirect – of the regulation, including, but not limited to, the cost of enactment, enforcement and compliance?**

No anticipated cost

**5. Why is the regulation necessary?**

Affects Public Health - Nevada Medicaid and Nevada Check Up recipients are reliant upon access to Mental Health and Alcohol/Substance Abuse services. There are approximately 4,500 Mental Health and Alcohol/Substance Abuse providers enrolled with the Division. These policies have been created to improve the integrity of the program and provide better health care to Medicaid and Check Up recipients.

Affects Operations of State Agency- These medical policies strengthen utilization review process of services within the Mental Health and Alcohol/Substance Abuse program, which is in compliance with the federal regulation. The value of these policies is to assure access to appropriate medically necessary services, which deter fraud and abuse, and efficiently manage state resources.

**6. Are there alternate forms of regulation sufficient to address the problem?**

No. Medicaid Services Manual is the sole form of regulation for Medicaid and Nevada Check Up medical coverage policies. There are no other state regulations.

**7. Is the regulation written clearly and concisely so as to achieve easy understanding and application?**

Yes

**8. Do other regulations address the same problem?**

No

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7/11/13  
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7-10-13  
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