

February 18, 2022 Web Announcement 2718

## Attention Provider Type 63 (Residential Treatment Center/Psychiatric Residential Treatment Center):

## Policy Clarification for Use of Psychiatric/Mental Health Advanced Practice Registered Nurse (APRN) Signatures

Medicaid Services Manual (MSM) Chapter 400 (Mental Health and Alcohol and Substance Abuse Services) Section 403.8C(1)(a) requires a current comprehensive psychiatric assessment within six months of the request for Residential Treatment Center (RTC) admission. According to Nevada Administrative Code (NAC) 632.255, the assessment is within the scope, training and core competencies of a Psychiatric/Mental Health Advanced Practice Registered Nurse (APRN).

Psychiatric assessments that are completed and signed by a Physician, M.D., Osteopath, D.O., or a licensed, nationally board certified Psychiatric/Mental Health APRN and the RTC Prior Authorization Request (form FA-15) will be reviewed for medical necessity by Nevada Medicaid. The Certificate of Need (CON) will still require a physician (M.D. or D.O.) signature per Code of Federal Regulations 42 CFR 441.152, 42 CFR 456.160 and MSM Chapter 400 Section 403.8C(1)(b).

For further information, please send an email to the Division of Health Care Financing and Policy (DHCFP) Behavioral Health unit at <u>BehavioralHealth@dhcfp.nv.gov.</u>