

North Carolina Department of Health and Human Services **Division of Medical Assistance Clinical Policy and Programs** 2501 Mail Service Center - Raleigh, N.C. 27699-2501

## **Certification of Need: Medicaid Inpatient Psychiatric Services Under Age 21**

Recipient Name:	Hospital:
Medicaid ID #	Provider #
Date of Birth:	Admission Date:
<b>Type of Certification:</b> (check 1 item) Pre-admission/elective Emergency admission	Medicaid Eligibility Status: (check 1 item) Medicaid eligible on admission Pending Medicaid on admission No evidence of Medicaid on admission Applied for Medicaid during stay Applied for Medicaid after discharge

## At the time of admission, the interdisciplinary team certifies the following:

- 1. Ambulatory care resources in the community do not meet the treatment needs of the recipient.
- 2. Proper treatment of the recipient's condition requires services on an inpatient basis under the direction of a physician.
- 3. The inpatient services can reasonably be expected to improve the recipient's condition or prevent further further regression so that services will no longer be needed.

Physician Team Member

Print Name/Title

Date (Mo/Day/Yr)

Other Team Member Signature

Print Name/Title

Date (Mo/Day/Yr)

## Please submit to the appropriate UR Vendor when completed.

The Durham Center (Durham County): 919-328-6011 Eastpointe LME (Duplin, Lenoir, Sampson, and Wayne Counties): 910-298-7184 ValueOptions (All Other Counties): 877-339-8763