

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:
Type of Certification: (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