

## 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

## **DMA Certification Of Need For Medicaid Inpatient Psychiatric Services** In A Psychiatric Residential Treatment Facility (PRTF) For A Recipient Under The Age Of 21

Recipient Name:	Facility Name:	
Medicaid ID #:	Provider #: _	
Date of Birth:	Admission I	Date:
<b>Type of Certification:</b> (check 1 item)  □ Pre-admission/elective	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 interdiscip	linary team certifies the following:	:
1. Ambulatory care resources in the comm	munity do not meet the treatment nee	eds of the recipient.
2. Proper treatment of the recipient's con	dition requires services on an inpatie	ent basis under the direction of a physician.
3. The inpatient services can reasonably that services will no longer be needed.		's condition or prevent further regression so
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