



North Carolina  
Department of Health and Human Services  
**Division of Health Benefits**  
2501 Mail Service Center - Raleigh, N.C. 27699-2501

**DHB Certification of Need for Medicaid Inpatient Psychiatric Services  
in a Psychiatric Residential Treatment Facility (PRTF)  
for a Beneficiary under the Age of 21**

Beneficiary Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Medicaid ID #: \_\_\_\_\_

Provider NPI #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Admission Date: \_\_\_\_\_

**Type of Certification:** (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 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 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.**