



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 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)
Eastpointe LME (Duplin, Lenoir, Sampson, and Wayne Counties)
ValueOptions