



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: WHITAKER (PRTF)
 Medicaid ID#: _____ Provider #: 3404511
 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)