



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): 919-328-6011

Eastpointe LME (Duplin, Lenoir, Sampson, and Wayne Counties): 910-298-7184

ValueOptions (All Other Counties): 877-339-8763