

Certification of Need for Services: Non-Emergency Admission to a Psychiatric Residential Treatment Facility

This form is required for Medicaid recipients under age 21 seeking non-emergency admission to an Alabama psychiatric residential treatment facility (PRTF). The independent team shall complete and sign this form not more than 30 days prior to admission. This form shall be filed in the recipient's medical record upon admission to verify compliance with the requirements in the Medicaid Administrative Code Rule 560-X-41-.13.

Recipient Name

Recipient Medicaid Number

Date of Birth

Race

Sex

County of Residence

Facility Name and Address

Planned Admission Date

PHYSICIAN CERTIFICATION:

1. I am not employed or reimbursed by the facility.
2. I have competence in diagnosis and treatment of mental illness.
3. I have knowledge of the patient's situation.
4. Ambulatory care resources available in the community do not meet the treatment needs of this recipient.
5. Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician.
6. The services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed.

Printed Name of Physician

Physician Signature

Phone Number

Date

Physician Address

License Number

Printed Name of Other Team Member

Signature

Phone Number

Date

Printed Name of Other Team Member

Signature

Phone Number

Date