

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

This form is required for Medicaid recipients under age 21 who are admitted to an Alabama psychiatric residential treatment facility (PRTF) on an emergency basis or for individuals who become eligible for Medicaid after admission to the PRTF. The interdisciplinary team shall complete and sign this form within 14 days of the emergency admission. This form shall be completed on or before the date of the application for Medicaid coverage for individuals who become eligible after admission. This form shall be filed in the recipient's medical record upon completion 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

Admission Date

INTERDISCIPLINARY TEAM CERTIFICATION:

1. Ambulatory care resources available in the community do not meet the treatment needs of this recipient.
2. Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician.
3. 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 Team Member

Signature

Date

Printed Name of Other Team Member

Signature

Date

Printed Name of Other Team Member

Signature

Date