



# SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services  
910-673-9111 (FAX) 910-673-6202 www.sandhillscenter.org Victoria Whitt, CEO

## SANDHILLS CENTER CERTIFICATION OF NEED FOR MEDICAL INPATIENT PSYCHIATRIC SERVICES IN A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF) FOR A RECIPIENT UNDER THE AGE OF 21

Recipient Name: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_ Provider #: \_\_\_\_\_

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

\_\_\_\_\_  
Other Team Member Signature

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Date

Please submit the completed form by fax to Sandhills Center at 336-389-6543.

P.O. Box 9, West End, NC 27376  
24-Hour Access to Care Line: 800-256-2452  
Serving Anson, Guilford, Harnett, Hoke, Lee, Montgomery,  
Moore, Randolph & Richmond counties



