

**Behavioral Health Certificate of Need
Psychiatric Hospitalization or Psychiatric
Residential Treatment Facility**

Member information		
Patient name:	Legal guardian (if applicable):	Date of birth:
Medicaid/health plan #:	Is the member currently a Medicaid recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Check all of the below as they are applicable (all three are required for a Certificate of Need):

- Ambulatory resources available in the community have been tried and are inadequate in meeting the treatment needs of the member at this time.
- Proper treatment of the member's psychiatric condition requires services on an inpatient basis under the direction of a psychiatrist or physician.
- Services are expected to improve the patient's condition within a reasonable period of time or prevent regression to the extent that services will no longer be needed.

Guidelines for Certificate of Need:

1. The Certificate of Need must be completed by the provider no sooner than five days prior to admission.
2. The Certificate of Need is required for all admission types (including emergency or court-ordered).
3. If the member is a Medicaid member, the certification must be made by an independent team that includes a physician that is competent to diagnose and treat mental illness, has knowledge of the member's situation and is licensed in Louisiana.
 - a. In addition to the physician, the team may include an RN, BCSW, MSW, psychologist or LMHP.
 - b. No member of the team may be employed by or have a consultant relationship with the admitting facility.
4. If the member that is not on Medicaid and applies for Medicaid while in a facility, the Certificate of Need may be completed by the admitting facility interdisciplinary team. This team must be a:
 - a. Board-eligible or board-certified psychiatrist OR
 - b. Clinical psychologist with a doctoral degree and a licensed physician OR
 - c. Licensed physician with specialized training and experience in diagnosis/treatment of mental disease and a psychologist with a master's degree in clinical psychology and has been certified by the state or state psychological association.



AND

- d. An RN with specialized training or one year of experience treating mentally ill members OR
- e. A psychiatric social worker, an occupational therapist or a psychologist with a master's degree in clinical psychology, or has been licensed by the state or state psychological association.

Signatures		
Name:	Signature:	Date:
Position/facility/credentials:		
Name:	Signature:	Date:
Position/facility/credentials:		