

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

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Member information			
Patient name:	Legal guardian (if	applicable):	Date of birth:
Medicaid/health plan #:		Is the member currently a Medicaid recipient?  ☐ Yes ☐ 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:				