

**ALABAMA MEDICAID AGENCY
ADMINISTRATIVE CODE**

**CHAPTER 560-X-41
PSYCHIATRIC TREATMENT FACILITIES**

560-X-41-.13

Certification Of Need For Residential Treatment Services.

(1) Recipients seeking admission to a psychiatric residential treatment facility (PRTF) shall require continuous and active psychiatric treatment and care in a facility which meets the standards in 560-X-41-.02(2) (a-b).

(2) Recipients seeking admission to a PRTF must meet at least one of the admission criteria listed in 560-X-41-.09 (2) (a-d).

(3) For elective or non-emergency admissions of individuals who are Medicaid-eligible when admitted to the PRTF, a certification of the need for services shall be performed by an independent team that:

(a) Includes a physician;

(b) Has competence in diagnosis and treatment of mental illness (preferably in child psychiatry); and

(c) Has knowledge of the individual's situation.

(4) The independent team shall certify that:

(a) Ambulatory care resources available in the community do not meet the treatment needs of the recipient; and

(b) Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician; and

(c) Services can reasonably be expected to improve the recipient's condition or prevent further regression so that inpatient services will no longer be needed.

(5) The independent team shall complete and sign a Certification of Need for Services: Non-Emergency Admission form (# 370) not more than 30 days prior to admission. This form shall be filed in the recipient's medical record to verify compliance with this requirement. This form may be downloaded from the "Mental Health Forms" section on the Medicaid website www.medicaid.alabama.gov.

(6) For emergency admissions or for individuals who become eligible for Medicaid after admission, a certification of need for

services shall be performed by an interdisciplinary team. The team responsible for the plan of care must include either:

- (a) A board-eligible or board-certified psychiatrist licensed in the State of Alabama; or
- (b) A licensed clinical psychologist and a physician; or
- (c) A physician licensed in the State of Alabama with specialized training and experience in diagnosis and treatment of mental illness and a psychologist with a master's degree in clinical psychology; and one of the following:
 - 1. Licensed social worker with specialized training or one year of experience in treating the mentally ill; or
 - 2. RN with specialized training or one year of experience in treating the mentally ill; or
 - 3. Licensed occupational therapist who has specialized training or one year of experience in treating the mentally ill; or
 - 4. Psychologist with a master's degree in clinical psychology.

(7) The interdisciplinary team shall perform the same certification of need for services as listed for elective and non-emergency admissions in (4) (a-c) above. The team shall complete and sign a Certification of Need for Services: Emergency Admission form (#371), within 14 days of the emergency admission. This form shall be filed in the recipient's medical record to verify compliance with this requirement. This form may be downloaded from the "Mental Health Forms" section on the Medicaid website www.medicaid.alabama.gov.

(8) For individuals who become eligible for Medicaid after their admission to the facility, this form shall be completed on or before the date of the application for Medicaid coverage and shall include all days for which Medicaid payment will be requested.

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Statutory Authority: State Plan, Attachment 3.1-A, pp. 7, 7.16; 42 CFR, Part 441, Subpart D

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