

## Ohio PRTF Certification of Need (CON) Instructions and Template

### Overview

42 C.F.R. 441.152 requires Certification of Need for Psychiatric Residential Treatment Facility (PRTF) services to be documented in the youth's PRTF record. The below has been created as a template for Ohio's PRTFs to meet this requirement.

The CON should be completed, signed by the appropriate PRTF interdisciplinary treatment team members as noted below, and stored in the youth's record within 14 days of admission.

### Interdisciplinary Team Requirements

The CON will be signed by the youth's physician and at least one other interdisciplinary team member. The youth's interdisciplinary team, at minimum, includes members that meet one of the criteria (1-3) and at least another team member that meets one of the criteria in 4(a)-4(d):

1. A board-eligible or board-certified psychiatrist;
2. A licensed psychologist and a physician licensed to practice medicine or osteopathy; or
3. A physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental illness, and a clinical psychologist who has a master's degree in clinical psychology; AND
4. At least one of the following other treatment team members:
  - a. An individual with competency in behavioral health who is one of the following:
    - i. a licensed social worker,
    - ii. an independent social worker,
    - iii. a licensed professional counselor,
    - iv. a professional clinical counselor,
    - v. a licensed marriage and family therapist, or
    - vi. an independent marriage and family therapist;
  - b. A registered nurse, certified nurse practitioner or clinical nurse specialist with specialized training or one year of experience in treating individuals with behavioral health needs, e.g., mental illness or substance use disorder; or,
  - c. A licensed psychologist.
  - d. In a PRTF that includes youth with intellectual or developmental disabilities in its admission criteria, an occupational therapist with experience in working with youth with intellectual or developmental disabilities.

### Ohio PRTF Certification of Need (CON)

FOR INPATIENT PSYCHIATRIC SERVICES IN A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR A RECIPIENT UNDER THE AGE OF 21

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

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

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

Date of Birth: \_\_\_\_\_

Provider #: \_\_\_\_\_

Admission Date: \_\_\_\_\_

**The interdisciplinary team certifies the following:**

Certification	Description
	Ambulatory care resources available in the community do not meet the treatment needs of the recipient.
	Proper treatment of recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician.
	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.

Signature of Physician

Print Physician Name

Enter Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Team Member

Print Team Member Name

Enter Date

\_\_\_\_\_

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