

PHYSICIAN CERTIFICATION OF NEED FOR PERSONAL CARE SERVICES

The Physician Certification of Need for Personal Care Services is *not* a standard form. The provider may create a form, as long as it contains sufficient information, or make copies of the following sample.

From: _____
(agency name)

(agency address)

To: _____
(physician name)

(physician address)

Re: _____
(recipient name)

(recipient Medicaid number)

(birthdate)

(Medical diagnosis and description)

The above-named child under the age of 21 has been referred to our agency for the delivery of personal care services. Your approval of these services is necessary before we may request prior authorization from the Bureau of Special Health Care Needs. The following is a care plan describing the amount, duration, and scope of services to be delivered to the child:

(signature of agency representative)

(date)

The above patient is under my care, and I certify the services as described in the above care plan are medically necessary. The need for personal care will be reviewed by me at least every six months.

(signature of physician)

(date signed)