State of Delaware Department of Services For Children, Youth and Their Families

INPATIENT PSYCHIATRIC SERVICES FOR INDIVIDUALS UNDER AGE 21 IN PSYCHIATRIC FACILITIES OR PROGRAMS (Psych Under 21)

Facility Name: _____

The purpose of this form is to determine whether your facility is certified by one or more state Medicaid agencies to provide Psych Under 21 services to Medicaid recipients as described in 42 CFR 441 Subpart D and related regulatory references. (Please see reverse of this form for regulatory information.) This will assist DSCYF in setting up an appropriate mechanism for claiming services purchased by DSCYF from your facility for Delaware Medicaid children.

If your facility is NOT accredited by JCAHO, COA or a similar accrediting organization recognized by your state Medicaid agency, you DO NOT need to complete the table below. If that is the case, please indicate on the line below the table.

If you are certified to provide Psych Under 21 services as a Psychiatric Hospital or a Psychiatric Residential Treatment Facility, Medicaid can reimburse you for room and board costs in addition to any treatment services you provide. If that is the case, please complete the table below.

Please list all states in which you are certified by the state Medicaid agency to provide MA Psych Under 21 Services and provide contact information in each state whom we may contact to verify your status. Please also indicate for each state whether education costs are included in your facility's Medicaid rate, consistent with 42 CFR 441.13 (b) which allows educational costs to be claimed *if they are part of active treatment* as defined at 441.154.

State	Contact Information: Name, title and phone # (For each state's Medicaid agency)	Educ. included in MA rate?

If facility is NOT certified to provide Psych Under 21 services in any state or jurisdiction check here _____

Your Name and Title: _____
(Please Print)

Your Phone: _____ Email address: _____
(Please Print)

Your Address: _____
(Please Print)

Date: _____

Please return these materials with your signed contract or mail to: Delaware Dept of Svcs for Children, Youth and Families
Division of Management Support Svcs
Cost Recovery Unit, Attn: Victoria Varga
1825 Faulkland Road, Barley Mill
Wilmington, DE 19805

* For the regulatory citations for the Medicaid Psych Under 21 benefit and related conditions of participation, please refer to the following sections of the Code of Federal Regulations (CFR):
42 CFR Part 441-Services: Requirements and Limits Applicable to Specific Services.
Subpart D-Inpatient Psychiatric Services for Individuals Under Age 21 in Psychiatric Facilities or Programs
42 CFR Part 483--Requirements For States And Long Term Care Facilities
Subpart G--Condition of Participation for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21