

Policy Form 1101.2
Re-certification of Need (RON) for Inpatient Facilities
For T/RBHAs and their Contracted Providers

For persons 21 years of age or older a RON must be completed at least every 60 days. For persons under the age of 21 the treatment plan must be completed and reviewed every 30 days. The completion and review of the treatment plan meets the requirement for the re-certification of need.

Date of Admission: / /
Date RON Due: / /
AM

Date and Time of RON: / / :
 PM

Client Information	
Name:	Date of Birth: / /
Address:	
AHCCCS ID:	Social Security Number: - -
Provider:	Provider Phone Number: () -
DSM-IV Diagnostic Codes	
Axis 1:	Axis II: Axis III: Axis IV:
	Axis V:

- Please indicate why proper treatment of the person's behavioral health condition continues to require services on an inpatient basis under the direction of a physician.
- Please indicate why the requested service can reasonably be expected to improve the person's condition or prevent further regression so this level of service will no longer be needed.
- Please indicate why outpatient resources available in the community do not meet the treatment needs of this person.

I am aware of the client's condition and have been provided sufficient information to determine this level of care is appropriate.	
Physician's Signature _____	Print Name _____
Dated: / /	

Placement:
Inpatient Facility Provider Name:

Requested Service Dates: From: / / To: / / Discharge: / /

<u>RBHA Providers</u> - when complete the RON must be faxed or emailed to [the RBHA] at [Enter RBHA Fax Number and RBHA Email Address]
<u>TRBHA Providers</u> - when complete the RON must be faxed or emailed to [the TRBHA] at [Enter TRBHA Fax Number and TRBHA Email Address]