

PM FORM 10.1.2
RE-CERTIFICATION OF NEED (RON)



Date of RON:

- 1) For persons **21 years of age or older**, a RON must be completed at least **every 60 days**.
- 2) 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 recertification of need.
- 3) Submit the completed, typed form by **secure fax to 1-844-813-2744**.

DATE AND TIME OF RON: . @ . . AM PM

TYPE OF SERVICE REQUESTED:

- Hospital Behavioral Health Inpatient Facility Sub-Acute Services (BHIF-SAF)
 Behavioral Health Inpatient Facility Residential Services (BHIF-RTC)

MEMBER INFORMATION:

Member Name: XXXX DOB: [Click here to enter a date of birth.](#) Gender: Male
Mailing Address: City: [Click here to enter city.](#) Zip: [Click here to enter zip code.](#)
AHCCCS ID #: CIS#: N/A
Outpatient Provider: Phone#: [Click here to enter phone #.](#)
 Court Ordered Evaluation Court Ordered Treatment Voluntary

CURRENT ICD-10 DIAGNOSES & CODES (list Behavioral and Medical diagnoses/codes as applicable):

Behavioral Health Diagnosis/ICD-10 Code (list only those applicable):

- 1.
- 2.
- 3.
- 4.
- 5.

Medical Diagnosis/ICD-10 Code (list only those applicable):

1. N.A /

1. Please indicate why proper treatment of the person's behavioral health condition requires services on a hospital or inpatient basis under the direction of a physician.

Client continues to struggle with emotionally regulating his mood and is easily triggered through his peers. For example, during an argument with one peer to another, he quickly emotionally decompensated and went into a knot in the corner. He was not communicative and struggled with returning emotional stability during this time. He over interprets his reality and situation and gets lost in his thinking. During these situations, he poorly processes information and seems cognitive stuck and rigid in his overall approach. He remains concrete and recently requested to speak with his mother again. Even though he has been told multiple times of the impossibility of such, these ruminations exist. This type of reasoning skill is seen in his poor sexualized boundaries with his peers as he has gotten involved in such behavior with peers and then struggles with fully understanding the improper nature of the relationship and his thinking behind it. He remains a risk to the community and should remain in his current treatment program for 24/7 supervision and monitoring. While his treatment progress is slow, he has recently stated that he may have to be on his own as it relates to not engaging his family members; this will continue to e his focus.

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2. 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.

He is regressive, infantile and uses magical thinking to arrive to conclusions about his current situations. He is concrete in his internalization of his problems and appears to be cognitively stuck in his sexualized thinking processes related to consent and overall aggressive actions.

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3. Please indicate why outpatient resources available in the community do not meet the treatment needs of this person.

Group home or HCTC placement

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FACILITY INFORMATION:

Facility Name: Date of Admission:

Facility Phone #: Contact:

Requested Service Dates: From: To: 12021

Discharge Date:

I am aware of the member's condition and have been provided sufficient information to determine this level of care is appropriate.

Physician's Signature: _____ Print Name:

Date: .