

**Re-certification of Need (RON) for Level I Facilities  
White Mountain Apache Tribal Regional Behavioral Health Authority**

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: / /

Date and Time of RON: / / :

AM

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:

Level I Provider Name  
\_\_\_\_\_

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

TRBHA Providers - when complete the RON must be faxed to ADHS/DBHS/BQMO at (602) 364-4697