

- 1) A CON must be completed prior to or at the time of a non-emergent admission.
- 2) A CON must be completed within 72 hours of an emergency admission for members age 21 and older and within 14 days of admission for members under the age of 21 years.
- 3) A CON must be completed if a member applies for Medicaid Assistance while in the hospital, before Medicaid funding is authorized.

DATE AND TIME OF CON: _____ @ _____ a.m. p.m.

Type of Service Requested: Hospital/ IMD Hospital/ Non IMD send via fax to (520) 874-3420
 Behavioral Health Inpatient Facility Residential Services (BHIF-RTC) send via fax to (520) 694-0599

MEMBER INFORMATION

Name: _____ Date of Birth: _____

Street Address: _____ City: _____ Zip Code: _____

AHCCCS ID: _____ Social Security Number: _____

Outpatient Provider: _____ Phone Number: _____

Current DSM Diagnoses & Codes: _____

Current Medical Diagnoses/Conditions: _____

Court Ordered Evaluation Court Ordered Treatment Voluntary

▪ 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.

▪ 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.

Proposed Facility: _____ Requested Admission Date: _____

Requested Service Dates: From: _____ To: _____ Discharge: _____

Facility UM Contact: _____ Phone #: _____

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: _____