

## ADMISSION UR REPORT

INSTRUCTIONS: This report must be completed on each patient within three calendar days of admission to the ATC. All items based on BATC Utilization Review Policy.

Patient's Last Name	First	M.I.
Identification Number		Admission Date
Facility		

### I. ADMISSION CRITERIA

An individual's admission to the ATC is appropriate under the following circumstances:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. The patient appears to be in need of inpatient chemical dependency services. If "No," the admission is not justified.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. The patient appears to be free of serious communicable disease that can be transmitted through ordinary contact. If "No," the admission is not justified.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. The patient appears <b>not</b> to be in need of acute hospital care, acute psychiatric care, or other intensive services which cannot be provided in conjunction with inpatient addiction treatment at the ATC or would prevent the patient from participating in chemical dependence inpatient treatment services at the ATC. If "No," the admission is not justified. .
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<p>4. The patient is unable to participate in or comply with treatment outside of a 24 hour structured treatment setting based on one or more of the following factors. If "No," the admission is not justified. Check all that is supported by patient record documentation.</p> <p><input type="checkbox"/> a. The patient has previously accessed a less intense level-of-care and has failed to remain abstinent.</p> <p><input type="checkbox"/> b. The patient's recovery environment is not conducive to recovery.</p> <p><input type="checkbox"/> c. The patient has physical or mental complications or co-morbidities requiring medical management/monitoring which may include, but not be limited to:</p> <p style="margin-left: 20px;"><input type="checkbox"/> psychiatric condition</p> <p style="margin-left: 20px;"><input type="checkbox"/> developmental disability</p> <p style="margin-left: 20px;"><input type="checkbox"/> pregnancy</p> <p style="margin-left: 20px;"><input type="checkbox"/> moderate-to-severe organ damage and/or there is an imminent health risk from continued AOD use</p> <p style="margin-left: 20px;"><input type="checkbox"/> other _____</p> <p><input type="checkbox"/> d. The patient lacks judgment, insights, and motivation such as to require 24 hour supervision.</p>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. The decision to admit the patient was made by a staff member who is a qualified health professional authorized by the governing body to admit individuals. . If "No," the admission is not justified.

### II. ADMISSION DETERMINATION

<input type="checkbox"/> Positive Determination: Appropriate for Admission	Date of Next Review	
<input type="checkbox"/> Preliminary Adverse Determination: Inappropriate for Admission Complete and issue Adverse Determination (form TRS-21)		
<b>FINAL DETERMINATION</b>		
<input type="checkbox"/> Preliminary Adverse Decision Overturned: Appropriate for Admission	Date of Next Review	
<input type="checkbox"/> Inappropriate for Admission (discharge as soon as appropriate continuing care can be made)		
Signature of Reviewer	Title	Date