

**CONTINUED STAY UR REPORT**

INSTRUCTIONS: Complete on all patients at 17<sup>th</sup> day after admission to the ATC. Subsequent continued stay reviews will be completed for every 10<sup>th</sup> patient every 14 days thereafter until patient is discharged.

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

**I. CONTINUED STAY CRITERIA**

A patient may remain at the ATC and continue inpatient addiction treatment under the following circumstances:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. The patient has a psychoactive substance use related diagnosis. If "No," continued stay is not justified.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. The patient continues to meet admission criteria. If "No," continued stay is not justified.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. The patient is free of serious communicable disease that can be transmitted through ordinary contact. If "No," continued stay is not justified.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. The patient has a medical or surgical condition or mental disability requiring acute care in a general or psychiatric hospital. If "Yes," continued stay is not justified.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. The patient is in need of medically-managed detoxification. If "Yes," continued stay is not justified.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	6. The patient can benefit from continued inpatient treatment at the ATC. If "No," continued stay is not justified.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	7. The patient has met any of the following discharge criteria. Check all that apply. If "Yes" to any, continued stay is not justified. <u>Yes</u> <input type="checkbox"/> Patient has accomplished the goals and objectives identified in the individual treatment plan. <input type="checkbox"/> Patient refuses further care. <input type="checkbox"/> Patient is in need of other appropriate treatment which cannot be provided in conjunction with treatment at the ATC. <input type="checkbox"/> Patient has received maximum benefits from ATC services. <input type="checkbox"/> Patient is to be removed from the ATC by the criminal justice system or other legal process. <input type="checkbox"/> Patient is disruptive <u>and/or</u> fails to comply with the ATC's reasonably applied written behavioral standards.

**II. CONTINUED STAY DETERMINATION**

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