I. PHYSICIAN'S ADMISSION CERTIFICATION FOR ALL PATIENTS

I certify that the patient has a diagnosis of alcohol or substance dependence, is free of serious communicable disease, and has no condition requiring care in an acute care hospital.

Physician's Signature

Date

II. ADMISSION CERTIFICATION OF A MEDICAID RECIPIENT

Initial Certification at Admission of a Medicaid Recipient

I certify that inpatient facility services are required for treatment of alcohol or substance dependence based on the criteria specified in 14 NYCRR 381.4 (c) (3).

Physician's Signature

Date

III. CERTIFICATION AT THE TIME OF MEDICAID APPLICATION

Certification upon Medicaid Application

I certify that inpatient facility services are required for treatment of alcohol or substance dependence based on the criteria specified in 14 NYCRR 381.4 (c) (3).

Physician's Signature

Date

IV. FIRST RECERTIFICATION OF NEED FOR CARE OF A MEDICAID PATIENT

Recertification no later than the 60th Day after Admission

I certify that inpatient facility services continue to be required for treatment on alcohol or substance dependence based on the criteria specified in 14 NYCRR 381.4 (k) (2).

Physician's Signature

Date

V. SECOND RECERTIFICATION OF NEED FOR CARE OF A MEDICAID PATIENT

Recertification no later than the 120th Day after Admission

I certify that inpatient facility services continue to be required for treatment based on the criteria specified in 14 NYCRR 381.4 (k) (2).

Physician's Signature

Date