

## ALCOHOLISM UTILIZATION REVIEW DATA DISPLAY

NAME OF ALCOHOLISM TREATMENT CENTER	FISCAL YEAR

### CONTINUED STAY REVIEW

**NUMBER TYPE OF CONTINUED STAY REVIEW COMPLETED BY TYPE**

TYPE OF CSR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
INITIAL													
SUBSEQUENT													

**SCREENING DETERMINATIONS**

DETERMINATION	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
APPROPRIATE													
INAPPROPRIATE													

**SECOND STEP DETERMINATIONS**

DETERMINATION	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
CONTINUED STAY NEEDED													
CONTINUED STAY NOT NEEDED													
ALTERNATE CARE NEEDED													

**DIRECTOR'S APPEALS**

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
APPEALS APPROVED													