



**AMPM POLICY 1020, ATTACHMENT J,
 ARIZONA STATE HOSPITAL ADMISSION AND DISCHARGE DELIVERABLE TEMPLATE
 OPEN UNTIL 12/01/19**

Contractor: _____

Date Submitted: _____

Reporting Period: _____

Contract (Insert section if possible) requires reporting of data and information on members awaiting admission or discharge from the Arizona State Hospital (AzSH)

MEMBERS APPROVED BY CONTRACTOR FOR ADMISSION TO AzSH; AWAITING AzSH APPROVAL AND ADMISSION							
MEMBER NAME	DATE OF BIRTH	AHCCCS ID	DATE OF APPROVAL BY CONTRACTOR	DATE OF APPROVAL/DENIAL BY AzSH	DATE OF ADMISSION TO AzSH	AzSH admit ISSUES OR BARRIERS TO, OR REASON FOR DENIAL OF AzSH ADMIT	# OF DAYS INPATIENT PRIOR TO AzSH ADMISSION

PROVIDE A NARRATIVE DESCRIPTION OF CONTRACTOR ACTIVITIES OR EFFORTS ENGAGED IN DURING THE REPORTING PERIOD FOR COORDINATION OF



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