

Justification for Continuing Services

Client Name		Admission Date	
Client ID Number			

Explain the consequences of discontinuing client's treatment and describe LPHA or Counselor's recommendations:
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What is expected to be achieved during continued treatment (MUST include client's prognosis):
Client's Prognosis: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (please also elaborate below)
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Target date for client to complete treatment:	
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Counselor or LPHA Printed Name	Counselor or LPHA Signature	Date

<i>Below to be completed by an <u>LPHA or Medical Director</u>:</i>
<input type="checkbox"/> CONTINUED SERVICES ARE MEDICALLY NECESSARY AND <u>ALL OF THE FOLLOWING</u> HAVE BEEN CONSIDERED: <ul style="list-style-type: none"> <input type="checkbox"/> The client's personal, medical, and substance use history <input type="checkbox"/> Documentation of the client's most recent physical examination <input type="checkbox"/> The client's progress notes and treatment plan goals <input type="checkbox"/> The LPHA or counselor's recommendation <input type="checkbox"/> The client's prognosis
<input type="checkbox"/> CONTINUING SERVICES FOR THE CLIENT IS NOT MEDICALLY NECESSARY, THE CLIENT MUST BE DISCHARGED FROM TREATMENT* AND ARRANGEMENTS SHALL BE MADE TO APPROPRIATE LEVEL OF TREATMENT SERVICES (IF APPLICABLE).
<small>*For clients where a justice override applies, please refer to instructions.</small>

LPHA or MD Printed Name	LPHA or MD Signature	Date