

Stay Review Justification

REQUIRED FORM:

This form is a required document in client file for Medi-Cal providers only

WHEN:

This form must be completed no sooner than five months and no later than six months from client's admission to program, or last Stay Review Justification. The therapist or counselor shall review the client's progress and eligibility to continue to receive treatment services, and recommend whether the client should or should not continue to receive treatment services.

COMPLETED BY:

Authorized agency representative and Medical Director

REQUIRED ELEMENTS:

- **Client Name:** Complete client's full name.
- **Admission Date:** Complete the date of admission.
- **Client ID#:** Complete the client ID number as determined by agency guidelines.
- **Client's progress in treatment during the past six months (detailed & descriptive):** Complete a detailed and descriptive summary of client's progress in treatment during the past six months.
- **Medical/psychological reasons to continue treatment (include current DSM criteria for substance use disorder):** Document medical/psychological reasons that client should continue treatment including criteria for specific substance use disorder(s).
- **Consequences of discontinuing treatment:** Complete consequences that may occur if client discontinues treatment. (e.g., recidivism, relapse).
- **Target date for client to complete treatment:** Complete the expected target date client will complete treatment.
- **Verification of continued Medi-Cal eligibility confirmed by program:** Complete client's confirmed verification of Medi-Cal eligibility, and then check "yes" box.
- **What is expected to be achieved during continued treatment (Must include Client's Prognosis):** Mark the appropriate box for client's prognosis (good, fair, poor) and explain. Complete a summary of what client is expected to achieve during continued treatment.
- **Counselor's Name (Printed):** Legibly print the counselor's name
- **Counselor Signature and Date:** Counselor completing form and determining that continued treatment is medically necessary must sign and date.
- **Continued services are medically necessary and the following have been considered:** Medical Director completes this section by marking boxes that have been considered when determining if client continues to meet medical necessity.

- **Continuing services for the beneficiary is not medically necessary, the beneficiary must be discharged from treatment:** Medical Director marks this box if client does not meet medical necessity for continued services. Client must be discharged from treatment.
- **Medical Director's Name (printed):** Legibly print the medical director's name.
- **Medical Director Signature and Date:** Medical Director reviewing this form to determine the need for continuing services must sign and date.

NOTES:

- If Stay Review Justification to continue services is missing from client's file, all Medi-Cal billings submitted after the date the justification was due (within six months from admission date) will be disallowed.