Outpatient Drug Free

# JUSTIFICATION TO CONTINUE TREATMENT SERVICES

Client Name: _____ Client Identification #: _____

Date of Admission to Treatment*: _____ Date of Most Recent Justification To Continue Treatment Services: _____

**Counselors Recommendation:**

I recommend that the above named client continue receiving treatment services based on the following:

1) They continue to meet eligibility requirements to receive treatment; and

2) Their progress in treatment during the last six (6) months as summarized below:

_____
_____
_____

_____ _____ _____
Counselor Name (signature) Counselor Name/Title (printed) Signature Date

**Physicians Statement:**

Beneficiary's prognosis:

_____
_____
_____
_____
_____
_____

After reviewing the above information, I have determined that continued treatment is medically necessary:

_____ _____ _____
Physician's Signature Printed Name/Title Date Signed

*No sooner than five (5) months and no later than six (6) months from the beneficiary's admission to treatment date or the date of completion of the most recent justification to continue treatment services, the counselor shall review the progress and eligibility of the beneficiary to continue to receive treatment services.

Disclaimer: The use of this form is not required by the State of California, Department of Alcohol and Drug Programs. This is a tool for Drug Medi-Cal providers, which meets the specific requirements necessary for documentation under Title 22, California Code of Regulations, Section 51341.1(h)(5)(A). This form also includes requirements of the California Standards for Drug Treatment Programs (Revised September 1982); and Alcohol and/or Other Drug Program Certification Standards (March 15, 2004). Clinical and/or program information may be added to this form; however, we caution you to consider whether those additions would conflict with the basic requirements contained within this document or result in not fully meeting the requirements of the regulations.