

## 120 DAY SERVICES PLAN REVIEW/JUSTIFICATION

1. Participant Name/I.D. No.	2. Date of Admission
3. PRU No. and/or Site Name	4. Date Initial Plan Completed
<p>5. Participant continues to meet admission criteria <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p> <p>Participant can benefit from continued prevention counseling services <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p> <p>Please provide justification(s) that supports: decision for continued counseling services; OR decision that counseling services are no longer necessary or appropriate.</p>	
Signature of Prevention Specialist	Date of 120 Day Plan Review
Signature of Supervisor	Date of 120 Day Plan Review

## **PURPOSE**

The 120 Day Services Plan Review/Justification (PAS-65B) is utilized to document the decision made between prevention specialist and the supervisor to determine whether the participant continues to meet admission criteria and whether the participant can benefit from continued prevention counseling services.

## **ENTRIES**

### **Item 1- 4**

Self-Explanatory

### **Item 5**

The Prevention Specialist and the supervisor meet to review the participant's progress in prevention counseling and determine whether the individual still meets the admission criteria, i.e., not display characteristics consistent with the criteria for substance abuse, dependence or problem/pathological gambling, and continues to benefit from prevention counseling services. If the participant continues to meet the admission criteria and can continue to benefit from prevention counseling services, this is noted on the PAS-65B and prevention counseling services may continue according to the participant's service plan.

If the participant no longer meets admission criteria or can no longer benefit from prevention counseling services, the prevention specialist should schedule a meeting with participant and explain why prevention counseling services are no longer appropriate and begin the discharge process.

### **Signature**

Upon completion, the Prevention Specialist and the supervisor must sign and date the PAS-65B.