

PARTICIPANT SERVICES PLAN: UPDATE / 90-DAY REVIEW / JUSTIFICATION
(SEE INSTRUCTIONS)

A. UPDATE | 90-DAY REVIEW

1. Participant Name/I.D. No.	2. Date of Admission
3. PRU No. and/or Site Name	4. Date Initial Plan Completed
5. <input type="checkbox"/> UPDATE <input type="checkbox"/> 90-DAY REVIEW <input type="checkbox"/> JUSTIFICATION	6. DATE OF THIS REVIEW
7. Results Achieved to Date <u>or</u> As of This Review:	
8. Present Behavioral Indicators:	
9. Results/Outcomes Expected:	
10. Type of Counseling and Frequency Type: <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Family Frequency: _____ _____ _____	
11. Supportive Services:	

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B. JUSTIFICATION

12. Participant continues to meet admission criteria	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Participant can benefit from continued prevention counseling services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<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	
Signature of Supervisor	Date	

INSTRUCTIONS

Participant Services Plan: Update/90-Day Review/Justification

PURPOSE

The Participant Services Plan: Update/90-Day Review/Justification form (PAS-65A) is utilized to document a participant's progress toward achieving the projected behavioral changes as indicated in the initial Participant Services Plan (PAS-65). The PAS-65A should be utilized for ALL updates, reviews, and/or changes to the initial Service Plan (PAS-65) and for justification (if)/when Prevention Counseling needs to extend past the 15-session maximum service length. It is the prevention specialist and the supervisor who determines whether the participant continues to meet admission criteria and whether the participant can benefit from continued Prevention Counseling services. The PAS-65A must be completed for every (90) calendar days after the date the initial PAS-65 was completed and thereafter until the participant is discharged. If additional updates are needed, use separate PAS-65A forms.

ENTRIES

Items 1 – 4 - Heading

Self-Explanatory

Item 5 – Update / 90-Day Review / Justification

Select whether the form is being used to document an UPDATE to the initial Services Plan (PAS-65), a 90-DAY REVIEW, or JUSTIFICATION for extending services past the 15-session maximum service length.

*Update and Justification or *90-Day Review and Justification can be checked and documented together on the same form.

Item 6 – Date of This Review

Self-Explanatory

Item 7 - Results Achieved to Date

Specifically address the status of each behavior that appears on the PAS-65. Summarize the participant's progress or lack of progress toward each of the projected results in behavioral and measureable terms.

Item 8 – Present Behavioral Indicators

Specify current behaviors to be addressed during the next 90 day period of service. Include all previously stated behaviors which are still being addressed. Also include any new behaviors which have been identified since the PAS-65 was developed. Again, state behaviors in measurable terms, where applicable.

Item 9 – Results/Outcomes Expected

Indicate expected behavioral change(s) (results expected) in reference to the above stated behaviors.

Item 10 – Type and Frequency of Counseling

Check the type of counseling to be undertaken in the next 90 days. For each type of counseling checked, indicate the frequency in which counseling will be offered.

Item 11 – Supportive Services

Enter other steps in the process that the participant will take to achieve the results/outcomes. Also indicate other critical actions that the Prevention Specialist will take which are directly related to achieving the results/outcomes.

Item 12 – Justification

Any participant that is determined to need Prevention Counseling services beyond the 15-sessions maximum service length requires justification to continue in counseling. 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, and can benefit from continued Prevention Counseling services. If continued services are agreed upon, it should be documented here and reflected in the participant's service plan (PAS-65).

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 supervisor must sign and date the PAS-65A.

NOTE: PROVIDERS MUST USE PAS-65A FOR CONSECUTIVE UPDATES AND ENSURE UPDATES ARE FILED IN THE PARTICIPANT CASE RECORD.