

**Justification for Continued Stay**

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Consumer Name: \_\_\_\_\_ MR # \_\_\_\_\_  
Date of Event: \_\_\_\_\_ Length of Service: \_\_\_\_\_  
Service Code: \_\_\_\_\_ Event #: \_\_\_\_\_

Type of review: 90      Level of Service: \_\_\_\_ Professional \_\_\_\_ Paraprofessional  
Disability type:    MH   DD   SA   CHILD   ADULT  
Date of current service plan:  
Date of current review:                      Date & Score of current GAF \_\_\_\_ CAFAS \_\_\_\_ NC-SNAP \_\_\_\_  
Date of next review:

***JUSTIFICATION FOR ANY ITEMS CHECKED MUST BE CONTAINED IN A SERVICE NOTE***

The desired behavior or level of functioning has not been restored, or sustained over the time frame outlined in the client's service plan or the client continues to be at risk for relapse based on history or the tenuous nature of functional gains or any one of the following apply:

- \_\_\_\_ Client has achieved initial service plan goals and additional goals are indicated.
- \_\_\_\_ Client is making satisfactory progress toward meeting goals.
- \_\_\_\_ Client is making some progress but the service plan (specific interventions) should be modified to determine if greater gains are possible.
- \_\_\_\_ Client is not making progress; the service plan must be modified to identify more effective interventions. .
- \_\_\_\_ Client is regressing; the service plan must be modified to identify more effective interventions.

**Discharge Criteria**

Client's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

- \_\_\_\_ Client has achieved goals and is no longer eligible for case management services.
- \_\_\_\_ Client is not making progress, or is regressing and all realistic treatment options have been exhausted.
- \_\_\_\_ Client/family no longer wants case management services.

**Service Maintenance Criteria**

The client needs continued assistance and service coordination on achieving the desired outcomes in the service plan and/or other identified needs have not been addressed with any one of the following:

- \_\_\_\_ The client continues to be at risk for institutionalization, or hospitalization, or is placed outside a natural living environment.
- \_\_\_\_ The client continues to have unmet identified needs from multiple agencies.
- \_\_\_\_ The client continues to need advocacy and service coordination to direct service provisions from multiple agencies.