JUSTIFICATION FOR CONTINUING SERVICES and MEDICAL NECESSITY for SUD

For each beneficiary, Justification for Continuing Services (JCS) must be completed no sooner than 5 months and no later than 6 months after date of admission or date of last JCS.

Agency Name:		
Client Name:	Client ID:	Date:
Admission to Treatment Date:	Date of Most Recent JCS):	

Counselor / "Therapist" (includes registered BBS & CA Board of Psychology (CBP) interns) Recommendation:

I recommend that the above named client continue to receive treatment services based on review of the beneficiary's progress in treatment and eligibility to continue to receive treatment services.

Counselor or Therapist Additional Comment (comment *not required*):

** Counselor or Therapist Signature:	**Print Name & Title	** Date

Physician's Statement: To ensure fulfillment of their role for establishing medical necessity, the physician shall determine whether continued services are medically necessary using DSM criteria to document the basis for the diagnosis.

PRIMARY DSM DIAGNOSIS CODE, NAME:	**SECONDARY DSM DIAGNOSIS CODE, NAME:**

Physician's Note: Must State Criteria for DSM Medi-Cal Included Diagnosis

Patient Information that has been considered includes the following:

- The beneficiary's personal, medical and substance use history;
- The beneficiary's progress notes and treatment plan goals;
- The beneficiary's prognosis;
- The therapist or counselor's recommendation (initial or justification); and
- *Physical Exam (when available).

Medical Necessity is determined by the following factors:

a) The client has a primary Medi-Cal Included SUD diagnosis from the Diagnostic and Statistical Manual (DSM) that is substantiated by chart documentation: □ Yes □ No

b) SUD Health Care Services are medically necessary consistent with 22 CCR Section 51303. "…reasonable and necessary to **1.** Protect life, **2.** To prevent significant illness or **3.** Significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury which are covered by the Medi-Cal program." □ Yes □ No

c) The basis for the diagnosis is documented in the client's individual client record. □ Yes □ No

d) DSM diagnostic criteria for each diagnosis that is a focus of treatment is identified above □ Yes □ No

e) Evidence based treatment is known to improve health outcomes and is provided in accordance with generally accepted practices. □ Yes □ No

***Physical Exam Requirement:** 1) M.D. conducts physical exam or client provides copy 2) Client *will* provide copy of recent physical exam (w/I 12 months) or 3) The client must schedule an exam. Options 2 & 3 must be added to client tx plan.

***Physical Examinations generally include vital signs; head, face, ear, throat, & nose; evaluation of organs for infectious disease; and neurological assessment conducted by a qualified physician.**

Physician Must Initial One of the Following:

1. _____ After review of the above information, I have determined there are not physical or mental disorders or conditions that would place the patient at excess risk in the treatment program planned, and that the patient is receiving appropriate and beneficial treatment that can reasonably be expected to improve the diagnosed condition.
2. _____ After review of the above named information, I have determined that continued treatment is not medically necessary and the beneficiary should be discharged from treatment.

**Physician Signature:	**Print Name and Title:	**Date

**COMPLETE SIGNATURE REQUIRES LEGIBLY PRINTED NAME, SIGNATURE & DATE.

CCR Section § 51341.1 (h) (5) (A) of Title 22: Continuing services shall be justified as shown…