



**STEP 1 - CLINICAL TEAM REVIEW OF
HPRP CLINICAL TEAM DECISION**

TO BE COMPLETED BY LICENSEE

Licensee Name: _____ Case Number: _____

Case Manager: _____

• **Please review the Clinical Team’s decision regarding:**

- A decision affecting the terms of the Monitoring Agreement
- A decision to close the participant’s case as non-compliant

• **Rationale for requesting a change in decision:**

I have attached additional documentation to support my request that was not available to the Clinical Team when their decision was made

Signature

Date

TO BE COMPLETED BY TREATMENT PROVIDER OR EVALUATOR

P.O. Box 842 · Troy, Michigan 48099-0842 · (800) 453-3784 · Fax: (248) 519-0373



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Licensee Name: _____

Provider Name: _____

Relationship to licensee: Addictionist Psychiatrist Pain Specialist Therapist

Opinion of request:

- Support request
 Do not support request

Rationale – Please complete the following as they pertain to your opinion of the request:

Subjective: (What the client tells you, or what pertinent others tell you about the client; how the client experiences the world)

Objective (factual, what the providers observes/witnesses quantifiable; outside written materials received by provider)

Assessment (summarizes the counselor's clinical thinking; a synthesis and analysis of the subjective and objective portion of the notes)

Plan (describe the parameters of treatment; consists of an action plan and prognosis)

Additional Comments:

Signature

Date

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