



Partners Planned Restrictive Intervention (PRI) Review and Signature Form

*A Planned Restrictive Intervention (PRI) does not become effective until **all members of the treatment team have signed and dated the form**. The PRI must be **reviewed 6 months after it becomes effective**. At that time, the **treatment team will determine whether the PRI is still necessary** and if it should continue beyond the initial 6-month period.*

Name:	Date of Birth:	Medicaid ID Number:	LME/MCO Number:

Initial PRI		Review Date:
Role/Title/Position:	Signature:	Date Approved:

PRI 6-Month Review		Review Date:
Role/Title/Position:	Signature:	Date Approved:

PRI Discontinuation <i>(The PRI cannot be discontinued before the initial 6-month period is complete.):</i>	Discontinuation Date:
Reason for Discontinuation:	