

**Office of Comprehensive Services  
State Sponsored Utilization Review**

**Subsequent Utilization Review**

**Client:** **DOB/Age:**  
**Social Security #** **CSA Contact Person:**  
**CSA Locality:**  
**Service Provider:** **Admission Date:**  
**Reporting Period:** **Review Date:**  
**Date of Most Recent CANS**  
**Administration:**

**Case History and Reason for Placement:**

**Diagnosis (if available):**

**Psychological Evaluation Findings (if available):**

**Current Medications:**

**Services Utilized in the Past:**

**Client and Family Strengths:**

**Current Treatment Concerns/Challenges:**

**Current Treatment Strengths/Progress:**

**GOALS/OBJECTIVES REVIEW (includes Foster Care Plan if applicable)**

Include description and notes related to progress or lack of progress for each goal:

<b>ISFP Goals/Objectives</b>	<b>Provider Goals/Objectives</b>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

**Is the local CSA case manger participating in Service Planning/Treatment Team meetings with the service provider?  
If so, how?**

**Is service provider participating in FAPT Meetings? If so, how?**

**Discharge Plan:**

**Contacts with Locality by UR Consultant:**

Name:

Date:

Content:

**Consults (Magellan, DBHDS professional by) UR Consultant:**

Name:

Date:

Content:

**Recommendations:**

**Noted actions/changes taken in response to most recent UR:**

**Utilization Review Consultant:**

**Next Review Date:**

**CC:** CPMT Chair