

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

1604 Santa Rosa Road, Suite 137, Richmond, VA 23229
PHONE: 804-662-9815 FAX: 804-662-9831

Review Checklist

Submission Date:

Locality/FIPS:

Contact Name:

Title:

Mailing Address:

Telephone:

Fax:

Please Check One:

- 60 Day Initial Review.**
- 90 Day Re-Review**

Please provide all required information in the designated space.

Child's Last Name: First MI
Male Female Date of Birth SSN - -
Medicaid Eligible yes no Medicaid Number:
Grade in School
Special Education yes no If yes, specify type
Local Custody yes no
Juvenile Court Involvement yes no If yes, specify
Court-Ordered Placement? yes no Provide details, or attach court order.

Parent/Legal Guardian

Relationship to Child Phone
Last Name First Name MI
Address

Parent/Legal Guardian

Relationship to Child Phone
Last Name First Name MI
Address

Facility Name

Address
Contact Name Title
Telephone FAX

Admission Date Anticipated Length of Stay
Current Admission Reason-*state briefly*
Date Next FAPT review:
Provider at FAPT meeting? yes no
Caseworker at Provider Treatment Team meeting? yes no

Documents Attached

Information for Initial Reviews should include the following:

- CSA Review Checklist as Coversheet
- FAPT documentation that addresses the placement (FAPT minutes, case documentation submitted to CPMT, FAPT Referral Form)
- Most recent CANS assessment
- Most recent IFSP
- Most recent Foster Care Plan (if applicable)
- Information about prior placements (if applicable)
- Psychotropic Medication information
- Most recent Magellan (Medicaid) authorization/UM form (if applicable)
- Service Plan/Treatment Plan and progress reports from placement
- Psychological (if available)
- Discharge Plan

Information for Subsequent Reviews should include the following:

- CSA Review Checklist as Coversheet
- FAPT documentation that addresses the placement (FAPT minutes, case documentation submitted to CPMT, FAPT Referral Form)
- Most recent CANS assessment
- Most recent IFSP
- Most recent Foster Care Plan (if applicable)
- Psychotropic Medication information
- Most recent Magellan (Medicaid) authorization/UM form (if applicable)
- Service Plan/Treatment Plan and progress reports from placement
- Discharge Plan
- Changes and/or actions in the Service Plan/IFSP in response to most recent UR

Comments