**Office of Children’s 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***