**UR Date: select date Client Name: last, first**

**(Locality Name)**

**Utilization Review Addendum to the IFSP**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Demographic Information:*** | | | | | | |
| **Client Name:** (first middle last) | | | **Client ID #:** (\_) | | **DOB:** (select date) | **Age:** . |
| **Review Date:** (select date) | **Last Review Date:** (select date) | | | | **Reporting Period:** (select) | |
| **Service Provider:** (provider name) | | | | | **Admission Date:** (select date) | |
| **Date of Most Recent CANS:** (select date) | | | | | **Date of last FAPT:** (select date) | |
|  | | | | | | |
| ***Evaluations/Diagnoses/Medications*** | | | | | | |
| **Evaluations:**(Include name/date of assessment and results.) | | | | | | |
| ***Diagnoses*:** (DSM-5) | | | | | | |
| **Medications:** (Include medication type, dosage, frequency, and prescribing doctor.) | | | | | | |
|  | | | | | | |
| ***Historical Information*** | | | | | | |
| **Case History:** (Include all relevant information.) | | | | | | |
| **Service History:** : (therapeutic, psychiatric, hospitalizations, educational, etc.) | | | | | | |
| **Rationale for Current Services:** (Include rationale for services including mitigating circumstances.) | | | | | | |
|  | | | | | | |
| ***Youth and Family Strengths*** | | | | | | |
| **Per the Youth:** (In the youth’s own words.) | | | | | | |
| **Per the Family:** (In the family’s own words.) | | | | | | |
| **Per the Case Manager (CANS):** (Strengths as identified in the CANS.) | | | | | | |
| **Per FAPT (IFSP):** (Strengths as identified in the IFSP.) | | | | | | |
| **Per the Provider:** (Strengths as identified in the provider’s service plan.) | | | | | | |
|  | |  | | | | |
| ***Youth and Family Needs and Treatment Concerns*** | | | | | | |
| **Per the Youth:** (In the youth’s own words.) | | | | | | |
| **Per the Family:** (In the family’s own words.) | | | | | | |
| **Per the Case Manager (CANS):** (Needs as identified in the CANS.) | | | | | | |
| **Per FAPT (IFSP):** (Needs as identified in the IFSP.) | | | | | | |
| **Per the Provider:** (Needs as identified in the provider’s service plan.) | | | | | | |
| ***Service Plan Review:*** | | | | | | |
| **Date of most recent treatment team:** (select date)  **Did youth participate?** Yes  No  **Did parent/guardian participate?**  Yes No; if yes,  in person or by phone  **Did case manager participate?** Yes No; if yes,  in person or by phone | | | | | | |
| ***Goals & Objectives:*** | | | | | | |
| ***Family Goal:*** | | | | | | |
| (What is the family’s overall desired outcome?) | | | | | | |
| ***IFSP Goals/Objectives*** | | | | ***Service Plan Goals/Objectives*** | | |
| **Goal/Objective 1:**(goal/objective #1) | | | | **Goal/Objective 2:**(goal/objective #1) | | |
| **Progress:** (progress) | | | | **Progress:** (progress) | | |
| **Goal/Objective 2:** (goal/objective #2) | | | | **Goal/Objective 2:** (goal/objective #2) | | |
| **Progress:** (progress) | | | | **Progress:** (progress) | | |
| **Goal/Objective 3:**(goal/objective #3) | | | | **Goal/Objective 3:**(goal/objective #3) | | |
| **Progress:** (progress) | | | | **Progress:** (progress) | | |
| **Goal/Objective 4:** (goal/objective #4) | | | | **Goal/Objective 4:**(goal/objective #4) | | |
| **Progress:** (progress) | | | | **Progress:** (progress) | | |

|  |  |
| --- | --- |
| ***Discharge Plan/Progress Toward Discharge:*** | |
| **Discharge to:** (What is the next LRE?) | **Proposed Discharge Date:** (select date) |
| **Family’s involvement in discharge:** Describe the family’s involvement in discharge planning (home visits, identification of needs for step down, engagement in therapy, etc.). | |
| **Summarize discharge planning efforts:** (services, community resources, educational plan, etc.) | |
|  | |
| ***Recommendations:*** | |
| (Recommendations to include treatment needs and corresponding services/resources for the youth and family?) | |

|  |
| --- |
| ***Next Review Date:*** |
| (select date): |

|  |
| --- |
| ***Review Completed By:*** (name and title) |