**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***