

**CHILDREN'S REVIEW PROGRAM
NOTICE OF LEVEL OF CARE PAYMENT AUTHORIZATION**

3-Month UR

6-Month UR

The information contained on this form is privileged and confidential information. It is intended for the agency/employee as listed. If you have received this communication in error, please notify us immediately by telephone at (859)455-7452 and destroy all original copies.

PCC/PCP:

REPRESENTATIVE	AGENCY/PROGRAM NAME	Email

DCBS:

REPRESENTATIVE	OFFICE	Email

REGARDING:

CHILD'S NAME	SOCIAL SECURITY NUMBER

Level of Care assigned as part of the Utilization Review: _____ Effective Date of Level: _____

Materials for this review were due on _____. Complete materials for this review were received on _____.

This Level of Care represents no change an increase a decrease from the previous level

The next progress report (CRP-7) is due _____. The next level assessment tool is due _____.

If the PCC/PCP fails to submit the CRP-7 by the due date, payment shall be terminated. The PCC/PCP may file a service appeal using the DPP-154, Protection and Permanency Service Appeal Request, within thirty (30) days of termination of payment.

CRP REPRESENTATIVE Date

REQUEST FOR REDETERMINATION (CRP response on form CRP-4)

In accordance with 922 KAR 1:360, if the child-caring facility, child-placing agency, or cabinet staff disagrees with the level of care assigned by the gatekeeper, the child-caring facility, child-placing agency, or cabinet staff may request a redetermination of the assigned level by completing the following section and providing it, along with new information which supports the request for a new level, to the Children's Review Program.

Name of Agency/Program Person Requesting Redetermination

Signature of Requester Date Submitted Office Phone Email