

**CHILDREN'S REVIEW PROGRAM  
NOTICE OF LEVEL OF CARE REDETERMINATION**

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.

TO:

REPRESENTATIVE	AGENCY/PROGRAM NAME	EMAIL

CC:

REPRESENTATIVE	OFFICE	EMAIL

REGARDING:

CHILD'S NAME	SOCIAL SECURITY #	LEVEL AT TIME OF REQUEST

**CHILDREN'S REVIEW PROGRAM RESPONSE:**

Redetermination request is:  DENIED  CONFIRMED

Redetermined LOC is \_\_\_\_\_ Effective Date: \_\_\_\_\_

Reason:

\_\_\_\_\_  
CRP Representative                  CRP Representative                  Date Complete Request Received                  Date Redetermination Completed

**REQUEST FOR REDETERMINATION**

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/Facility*                                  *Person Requesting Redetermination*

\_\_\_\_\_  
*Signature of Requestor*                  *Date Submitted*                  *Office Phone*                  *Email*

**Distribution: DCBS, PCC/PCP**