

**CHILDREN'S REVIEW PROGRAM
DCBS FOSTER CARE UTILIZATION REVIEW
NOTICE OF LEVEL ASSIGNMENT**

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.

DCBS:

REPRESENTATIVE	COUNTY/UNIT	EMAIL

REGARDING:

CHILD'S NAME	SOCIAL SECURITY NUMBER

Level of care assigned as a result of the Utilization Review:

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

Please note: DCBS foster care payments are not currently affected by the Level of Care.

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

CRP Representative

Date

REQUEST FOR REDETERMINATION (CRP response is 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/Facility

Person Requesting Redetermination

Signature of Requestor

Date Submitted

Office Phone

Email

Distribution: DCBS worker