

**FUNDING APPROVAL REQUEST PACKET - COVER PAGE & CHECKLIST**

(2/07)

*(This form is to be completed each quarter and attached to the front of the FAR packet)*

Case# \_\_\_\_\_ Current Qtr:  7/1-9/30  10/1-12/31  1/1-3/31  4/1-6/30 Year: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Agency: \_\_\_\_\_ Jurisdiction:  Charlottesville  Albemarle

Primary Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Gender:  Male  Female Hispanic:  Yes  No

Child's Current Residence Status:  Residential (i.e.: Residential Facility; Group Home; Therapeutic Foster Home Program)  
 Non-Residential (i.e.: Parent/Relative/Guardian's Home; TAFF Foster Home; IL Arrangement)

Current Placement or address: \_\_\_\_\_

CSA Category:  NON-MANDATED (Court)  MANDATED SPECIAL EDUCATION  
 MANDATED FOSTER CARE PREVENTION  MANDATED FOSTER CARE

IV-E ELIGIBILITY STATUS (required for Foster Care cases only):  Eligible  Denied  Pending

**PARENT/FAMILY INCOME INFO\*\*\*** (required for Non-mandated and Foster Care Prevention cases only):

Parent Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Gross Monthly Income: \$ \_\_\_\_\_ Number Dependent on Income: \_\_\_\_\_

Has family been informed they may be contacted by CSA Coordinator about a co-pay fee?  Yes  No

Is family able to contribute to the cost of services?  Yes  No  Unknown

Comment: \_\_\_\_\_

*\*\*\*If the Parental Income section is required, a copy of this Cover Page/Checklist along with the Consent for Release of Information form will be forwarded to the CCF office to determine possible co-pay responsibility.*

**PREPARER/REVIEWER'S CHECKLIST ITEMS**

- Level of Need Assessment Log & CAFAS or PECFAS Updated/Attached (Residential and Therapeutic Foster Care children must be scored every 3 months. Non-residential children and families, every 6 months.)
- CSA Data Element Form Updated/Attached (required for all cases)
- MDT Log Updated/Attached
- Current Consent for Release of Confidential Information Attached (required for all cases, updated annually)
- Foster Care Prevention Addendum Updated/Attached (required for non-FAPTed FC prevention cases only)
- Under Threshold Addendum Updated/Attached (required for non-FAPTed cases only)
- Pre-Placement UR Consultation Initiated for Non-Medicaid Residential Placement (if applicable)
- Medicaid Funding Initiated (FAR form boxes have been checked as applicable; justification(s) have been provided on Under Threshold Addendum if applicable; CON initiated if Residential or TFC placement; in-home Medicaid screening form completed if applicable.)
- Progress Report Received as Required (at least quarterly)
- Out of Jurisdiction Form Completed/Attached\*\*\* (if applicable)

*\*\*\*If the Out of Jurisdiction box is checked above, a copy of this Cover Page/Checklist along with the Consent for Release of Information form and the Out of Jurisdiction form will be forwarded to the CCF office.*

**UTILIZATION REVIEW SCREENING CRITERIA\*\*\***

- The client is receiving in-home therapy services of more than five hours a week extending beyond six months.
- The client has had two disrupted placements within a six month period.
- The client has remained placed in a secure setting for more than twelve consecutive months.
- The client has remained placed outside the Charlottesville/Albemarle community in a non-family setting for more than eighteen months.
- The client will be transitioning back into the community after placement outside the Charlottesville/Albemarle community in a non-family setting for more than eighteen months.
- The client is a IV-E eligible foster child, and the combined total of the monthly CSA and IV-E costs puts the case over the funding threshold.

*\*\*\*If any of the above UR Screening boxes are checked, a copy of this Cover Page/Checklist along with the Under Threshold Addendum form (if applicable); and the Consent for Release of Information form will be forwarded to the CCF office for further Utilization Review.*

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/CPMT Designee Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_