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| Client Name: | | Date of Request: Click or tap to enter a date. | |
| Case Monitor: | | Current Placement: | |
| Level of care: Choose an item. | | How long at this level of care? | |
| Last 3 months of progress reports submitted? | Choose an item. | Last 3 months of LMP reports submitted? | Choose an item. |
| If no, please explain: | | If no, please explain: | |

**Requests**

*\*\*If submitting 3 or more requests, attach a CR Plan\*\**

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|  |  | Approved | Denied |
| 1) |  |  |  |
| 2) |  |  |  |
| 3) |  |  |  |
| 4) |  |  |  |
| 5) |  |  |  |

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| **Please provide an overview of your client’s engagement in their PSRB program over the past six months**. *This section describes the client’s engagement in their program over the past six months. Use this section to summarize challenges, what is being worked on in treatment, what is going well, weekly routines, and how structured time is being used. Address any significant incidents that have occurred such as relapses, changes in mental status, medical or psychiatric hospitalizations, behavioral incidents, or other relevant concerns. This section should address the question, why are these requests being supported now? If multiple modifications are being requested, this section only needs to be filled out one time.* |
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| **Please provided an overview of medication issues over the past six months.** *This section summarizes medication stability, previous or planned changes, non-adherence, training, and administrative issues. If you have submitted prescriber notes or other documentation that provides more specifics about medication issues, please include a date reference. If multiple modifications are being requested, this section only needs to be filled out one time.* |
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| **Request #** |  |  |  |  |
| 1) | **Clinical Benefit(s):** |  | | |
| **Associated Risk(s):** *Select all that apply* | Recidivism  Relapse  Psychiatric Decompensation  Relationship Destabilizer  Revocation  Unauthorized Leave  Danger to Others  Other (Please explain) | | |
| **Explain Risk(s):** |  | | |
| **How Risk(s) Will Be Mitigated?** |  | | |
| Board Comments: | | | | |
| 2) | **Clinical Benefit(s):** |  | | |
| **Associated Risk(s):** *Select all that apply* | Recidivism  Relapse  Psychiatric Decompensation  Relationship Destabilizer  Revocation  Unauthorized Leave  Danger to Others  Other (Please explain) | | |
| **Explain Risk(s):** |  | | |
| **How Risk(s) Will Be Mitigated?** |  | | |
| Board Comments: | | | | |
| 3) | **Clinical Benefit(s):** |  | | |
| **Associated Risk(s):** *Select all that apply* | Recidivism  Relapse  Psychiatric Decompensation  Relationship Destabilizer  Revocation  Unauthorized Leave  Danger to Others  Other (Please explain) | | |
| **Explain Risk(s):** |  | | |
| **How Risk(s) Will Be Mitigated?** |  | | |
| Board Comments: | | | | |
| 4) | **Clinical Benefit(s):** |  | | |
| **Associated Risk(s):** *Select all that apply* | Recidivism  Relapse  Psychiatric Decompensation  Relationship Destabilizer  Revocation  Unauthorized Leave  Danger to Others  Other (Please explain) | | |
| **Explain Risk(s):** |  | | |
| **How Risk(s) Will Be Mitigated?** |  | | |
| Board Comments: | | | | |
| 5) | **Clinical Benefit(s):** |  | | |
| **Associated Risk(s):** *Select all that apply* | Recidivism  Relapse  Psychiatric Decompensation  Relationship Destabilizer  Revocation  Unauthorized Leave  Danger to Others  Other (Please explain) | | |
| **Explain Risk(s):** |  | | |
| **How Risk(s) Will Be Mitigated?** |  | | |
| Board Comments: | | | | |

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| **OFFICE USE ONLY** | | |
| **Relevant Exhibits** | Pass Policy | Exhibit(s) # |
| New Summary of Conditional Release Plan | Exhibit(s) # |
| Previous Summary of Conditional Release Plan | Exhibit(s) # |
| Last 3 Prescriber Notes | Exhibit(s) # |
| Medication Change Letters | Exhibit(s) # |
| START/Risk Assessment | Exhibit(s) # |