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| **Care Episode Gateway Decision and Actions Record (copy into child’s Mosaic case note)** | | | |
| Date of Gateway |  | | |
| Description of type of placement agreed |  | | |
| Description of additional placement-related costs agreed  For all enhanced placements and additional costs, providers should provide evidence of costs breakdown and Support Plan justifying costs vs needs |  | | |
| Total weekly placement cost (if known) OR maximum costs agreed for search (inc. additional costs) |  | | |
| Breakdown of weekly placement costs (if known) |  | | |
| Timeframe to commence extended search and parameters of extended search OR (see below) |  | | |
| Timeframe to return to Panel to agree extended search |  | | |
| Review period (date by which the expenditure requires Gateway review) |  | | |
| **Specific actions related to placement search / match / approval / procurement** | | | |
| Action | | By who | By when |
|  | |  |  |
|  | |  |  |
|  | |  |  |