

CSA Documentation Inventory

Case Name/Number: _____

Date: _____

Required Information	Location	Notes
Case Manager designation		
Parent consent to release information		
Assessment data		
Includes: Initial CANS Annual CANS Discharge CANS		
Parental co-payment assessment		
Service Plan: IFSP FC Plan IEP (circle)		
Desired outcomes & timeframes		
Identification of services		
Recommended level of need		
Mitigating circumstances		
FAPT or MDT recommendations		
Parent/Guardian participation and consent to service plan		
CPMT authorization		
Signed vendor contract		
Vendor treatment plan (s)		
Vendor progress report (s)		
Utilization review data		
Updated Service Plan		

