



Case Name/Number:

Date:

### CSA Documentation Inventory

Required Information	Location	N/A - Notes
Case Manager designation		
Parent consent to release information		
Assessment data		
Includes: Completed CANS		
Parental co-payment assessed		
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 & consent to service plan		
CPMT authorization		
Signed vendor contract		
Vendor treatment plan (s)		
Vendor progress report (s)		

Utilization review data		
Updated Service Plan		