



Care Manager/QIDP contact information:

Name Phone number
Email address

Care Manager/QIDP Supervisor contact information:

Name Phone number
Email address

Information about person assessed:

Name TABS ID
Name(s) of actively involved family member(s)/LG(s)

Date of assessment:

Assessor's name (if known):

Date of review of CAS/CANS summary with the person, actively involved family member/LG, and residential supports, if applicable:

The following MUST be attached to your email request:

- Care Manager/QIDP¹ note/documentation of CAS/CANS summary review with the person and primary supports (actively involved family/Legal Guardian (LG) and residential supports, if applicable). This documentation must include:
 - List of specific items and responses in the CAS/CANS summary that have been identified as questions and/or concerns
 - Context and details for the identified concerns
 - Any additional information that may be an important consideration in the review of the person's CAS/CANS

- (For CAS only)** Documentation reviewed by assessor, as listed on the CAS Administration Report

¹ Care Managers/QIDPs and Intermediate Care Facility (ICF) Active Treatment Coordinators (ATCs) are to utilize this form for sharing questions and/or concerns about the CAS summaries.