



This form should be used when requesting a review of information in the CAS summaries. Please complete all fields and submit additional information, if needed.

Care Manager/QIDP¹ note/documentation of CAS summary review **MUST** be attached to email

Care Manager/QIDP contact information:

Name Phone number

Email address

Other

Information about person assessed:

Name TABS ID

Name(s) of actively involved family member(s)/Legal Guardian(s) (LG)

Phone number(s) of actively involved family member(s)/LG(s)

Assessment information:

Date of assessment
Assessor's name (if known)

Date of review of CAS summary with the person, actively involved family member/LG, supports:

List of specific sections, items and responses in the CAS summary or summaries that have been identified as questions and/or concerns:

Any additional information that might be an important consideration in the review of the person's CAS:

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.