NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

CAS / CANS Request for Review Form

This form is required when requesting a review of information in the CAS/CANS summaries. Please complete all fields and submit additional information, as needed, to:
coordinated.assessment@opwdd.ny.gov

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

Residential Provider Agency (if applicable)

Date of Assessment Assessor Name (if known)

Date Care Manager/QIDP had review discussion of the CAS/CANS summary with the:

Person

Actively involved family member / LG

Residential Supports

The following MUST be included with this form by attaching to or included within the body of your email:

Care Manager/QIDP's written description of the CAS/CANS summary discussion(s) should clearly capture the perspectives of the person and their primary supports (Actively involved family, Legal Guardian and residential supports) related to the item(s) of the concern.

An itemized list of the specific item(s) from the CAS/CANS summary identified as a concern or question" Examples: Meal Preparation Performance, Meal Preparation Capacity, Other interaction with long-standing social relation or family member.

Background details for each concern/question, explaining "why" there is a concern or question. Example responses like “this is wrong” or “should be total support” do NOT provide detail needed and will result in return of the request. Remember it is the "who, what, when and where" that needs to be explained.

The details may already be found in existing documentation. Please identify and securely share the documentation that supports understanding of the specific concern(s) or question(s). (Examples: Behavior Plans/Tracking, Psychiatry notes, Medical Consult, etc)

[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/CANS summaries.