

Winchester CSA

Parental Agreement Checklist

Child/Youth: _____ Core Agency/CM Name: _____

Schedule FAPT Presentation with CSA Coordinator

- **Date Scheduled:** _____

Complete [IACCT](#) Submission to Magellan

- **Date Completed:** _____

Placement Determined

- **Name of Facility:** _____

DMAS-600 Form (to be completed by Winchester CSA and sent to vendor directly)

- **Date Completed:** _____

Complete FAPT Packet with Parent:

- **FAPT Packet** **include STI number**
- **Child and Adolescent Needs and Strengths Assessment (CANs)** **w/in the last 30 days**
- **Releases** (Vendor, Magellan, WDSS, CSA, FAPT, CPMT, Schools, and any further stakeholders)
- **Invitation Letter** (inviting both parent and provider to meeting)
- **CSA Eligibility Form**
- **Parental Copay Assessment** **regardless of being referred to DCSE, still needed**
- **CSA Brochure**
- **Certificate of Need (CON)** **signed by Physician**
- **IACCT Assessment** (provided by IACCT clinician)
- **Children's Services ACT (CSA) Parental Agreement** (to be completed by Case Worker and Parent/Guardian)
- **Copy of IEP** (if applicable) and **STI number** **Required to generate payments**

After funding approval by the Family Assessment and Planning Team, the Parental Agreement must be reviewed between the CSA Coordinator, Parent/Guardian, Agency Case Worker, and Placing Agency before the child/youth can be placed at the treatment facility of choice.

- **FAPT Meeting Date:** _____
- **Date Parental Agreement Reviewed:** _____

Please provide copy of completed checklist with your FAPT packet. CSA Coordinator will complete the checklist with FAPT meeting date and the date the parental agreement was reviewed. If you have any questions, please contact Winchester CSA at 540-542-6573.