

**Small Provider Agency (EOR)
Required Documents
(BINDER A)**

Staff Name: _____

Date of Hire: _____

Managing Employer (EOR Records)	Date Received	Initials	Expiration	Date Updated
EOR Orientation Certificate <i>(CNAV Form)</i>				
Individual Face Sheet <i>(Created by EOR and signed by LRP)</i>				
Care Plan (ISP) - Annual - <i>(MCO Document)</i> <i>(In Vaya include SAR)</i>				
Care Plan (ISP) - Updates - <i>(MCO Document)</i> <i>(label each) (Vaya include SAR)</i>				
MCO Individual Budget - Annual - <i>(MCO Document)</i>				
MCO Budget - Updates - <i>(MCO Document)</i> <i>(label each)</i>				
Health Risk Assessment - Annual - <i>(MCO Document)</i>				
Crisis Plan - Annual - <i>(MCO Document)</i>				
Approved Services Authorizations - <i>(MCO Document)</i> <i>(copies available from the CCM or the FSA)</i>				
Short Range Goal Plan with Task Analysis - Annual <i>(Created by EOR and signed by LRP)</i>				
Short Range Goal Plan with Task Analysis - Update <i>(Created by EOR and signed by LRP)</i>				
FIRST - EOR Budget Calculator <i>(Created by EOR)</i>				
EOR Monthly Financial Statements <i>(from FSA)</i>				
Emergency Action Plan <i>(Created by EOR and signed by LRP)</i>				
Seizure Action Plan <i>(Created by EOR)</i>				
FSA Onboarding Documents <i>(including FEIN, State Withholding Number & SUTA Number)</i>				