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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **Enhanced Case Management Referral Consideration** | | | Enrollment  Disenrollment / Archive File | |
| CLIENT’S NAME | | | AGE | | ADSA ID NUMBER |
| CRM NAME | | | ECMP CARE ASSESSMENT TRIGGERED REFERRAL?  No  Yes | | DATE |
| REPORTING UNIT / OFFICE | | | CRM SUPERVISOR | | |
|  | | | | | |
| Is client currently assessed to be functionally eligible for CFC Community First Choice services in their home? | | No (not eligible)  Yes (continue) | Name / relationship of paid caregiver: | | |
|  | | | | | |
| Is the client unable to supervise caregiver? | | No  Yes | Who is designated to supervise the paid caregiver? | | |
| Does client have communication barriers and few community contacts? | | No  Yes | Comments: | | |
| Does client lack additional paid or unpaid services that would provide additional oversight in the person’s home? | | No  Yes | Waiver: | | |
| List authorized services in PCSP: | | |
|  | | | | | |
| Are there Adult Protective Services (APS) or Child Protective Services (CPS) referrals in the past year? | | No  Yes | Comments (enter dates / results): | | |
| Is the client underweight? | | No  Yes | Describe: | | |
| Are there concerns about the home environment that may jeopardize the client’s health and safety or quality of care? | | No  Yes | Describe: | | |
| Does the client have a Person Centered Goal identified in the Finalized Plan? | | No  Yes | PCSP identified goal(s): | | |
| Provide additional information about the client regarding challenging behaviors, medical concerns, or destabilizing event such as loss of primary caregiver or caregiver status concerns if they relate to ECMP eligibility. | | Comments: | | | |
| Approved by ECMP Committee  No  Yes | | CURRENT ISSUES  Isolation  Quality of Care  Environment | GOALS OF ECMP  Supervision of paid caregiver  Added services in home  Added services in community | | |