

## 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?	DATE
REPORTING UNIT / OFFICE		☐ No ☐ Yes  CRM SUPERVISOR	
Does client live with paid caregiver OR is client largely dependent on a paid caregiver in their home?	☐ No (not eligible) ☐ Yes (continue)	Name 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 have no 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 / resu	lts):
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 challenging behaviors, medical concerns, unresolved issues, etc.), and/or provider concerns (contract, training, quality of care).	Comments:		
Approved by ECMP Committee ☐ No ☐ Yes	CURRENT ISSUES  Isolation Quality of Care Environment	GOALS OF ECMP  Supervision of paid careg  Added services in home  Added services in commu	