## Enhanced Case Management Referral Consideration

<table>
<thead>
<tr>
<th>CLIENT'S NAME</th>
<th>AGE</th>
<th>ADSA ID NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>CRM NAME</th>
<th>ECMP CARE ASSESSMENT</th>
<th>TRIGGERED REFERRAL?</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>Yes</td>
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</tbody>
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<table>
<thead>
<tr>
<th>REPORTING UNIT / OFFICE</th>
<th>CRM SUPERVISOR</th>
</tr>
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<tr>
<th>Does client live with paid caregiver OR is client largely dependent on a paid caregiver in their home?</th>
<th>No (not eligible)</th>
<th>Yes (continue)</th>
<th>Name of paid caregiver:</th>
</tr>
</thead>
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<tr>
<th>Is the client always able to supervise caregiver? (CARE Decision making screen)</th>
<th>No</th>
<th>Yes</th>
<th>Who is designated to supervise the paid caregiver?</th>
</tr>
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<tr>
<th>Does client have communication barriers and few community contacts?</th>
<th>No</th>
<th>Yes</th>
<th>Comments:</th>
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<tr>
<th>Does client have additional paid or unpaid services that would provide additional oversight in the person's home?</th>
<th>No</th>
<th>Yes</th>
<th>Waiver:</th>
</tr>
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<tr>
<th>Are there Adult Protective Services (APS) or Child Protective Services (CPS) referrals in the past year?</th>
<th>No</th>
<th>Yes</th>
<th>Comments (enter dates / results):</th>
</tr>
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<th>Are there concerns about the home environment that may jeopardize the client's health and safety or quality of care?</th>
<th>No</th>
<th>Yes</th>
<th>Comments:</th>
</tr>
</thead>
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<th>Does the client have a Person Centered Goal identified in the Finalized Plan?</th>
<th>No</th>
<th>Yes</th>
<th>Comments:</th>
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<tr>
<th>Provide additional information about the client challenging behaviors, medical concerns, unresolved issues, etc.), and/or provider concerns (contract, training, quality of care).</th>
<th>Comments:</th>
</tr>
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</table>