

## Enhanced Case Management Referral Consideration

Enrollment  
 Disenrollment / Archive File

CLIENT'S NAME	AGE	ADSA ID NUMBER
CRM NAME	ECMP CARE ASSESSMENT TRIGGERED REFERRAL? <input type="checkbox"/> No <input type="checkbox"/> Yes	DATE
REPORTING UNIT / OFFICE	CRM SUPERVISOR	
Is client currently assessed to be functionally eligible for CFC Community First Choice services in their home?	<input type="checkbox"/> No (not eligible) <input type="checkbox"/> Yes (continue)	Name / relationship of paid caregiver:
Is the client unable to supervise caregiver?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Who is designated to supervise the paid caregiver?
Does client have communication barriers and few community contacts?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Comments:
Does client lack additional paid or unpaid services that would provide additional oversight in the person's home?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Waiver:  List authorized services in PCSP:
Are there Adult Protective Services (APS) or Child Protective Services (CPS) referrals in the past year?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Comments (enter dates / results):
Is the client underweight?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Describe:
Are there concerns about the home environment that may jeopardize the client's health and safety or quality of care?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Describe:
Does the client have a Person Centered Goal identified in the Finalized Plan?	<input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Yes	CURRENT ISSUES <input type="checkbox"/> Isolation <input type="checkbox"/> Quality of Care <input type="checkbox"/> Environment	GOALS OF ECMP <input type="checkbox"/> Supervision of paid caregiver <input type="checkbox"/> Added services in home <input type="checkbox"/> Added services in community