<table>
<thead>
<tr>
<th>CLIENT'S NAME</th>
<th>AGE</th>
<th>ADSA ID NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRM NAME</td>
<td>ECMP CARE ASSESSMENT TRIGGERED REFERRAL?</td>
<td>DATE</td>
</tr>
<tr>
<td>REPORTING UNIT / OFFICE</td>
<td>CRM SUPERVISOR</td>
<td></td>
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</tbody>
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1. **Does client live with paid caregiver OR is client largely dependent on a paid caregiver in their home?**
   - No (not eligible)
   - Yes (continue)
   - Name / relationship of paid caregiver:

2. **Is the client unable to supervise caregiver?**
   - No
   - Yes
   - Who is designated to supervise the paid caregiver?

3. **Does client have communication barriers and few community contacts?**
   - No
   - Yes
   - Comments:

4. **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:

5. **Are there Adult Protective Services (APS) or Child Protective Services (CPS) referrals in the past year?**
   - No
   - Yes
   - Comments (enter dates / results):

6. **Are there concerns about the home environment that may jeopardize the client’s health and safety or quality of care?**
   - No
   - Yes
   - Describe:

7. **Does the client have a Person Centered Goal identified in the Finalized Plan?**
   - No
   - Yes
   - PCSP identified goal(s):

8. **Provide additional information about the client challenging behaviors, medical concerns, unresolved issues, etc.), and/or provider concerns (contract, training, quality of care).**
   - Comments:

9. **Approved by ECMP Committee**
   - No
   - Yes

10. **CURRENT ISSUES**
    - Isolation
    - Quality of Care
    - Environment

11. **GOALS OF ECMP**
    - Supervision of paid caregiver
    - Added services in home
    - Added services in community