|  |  |  |
| --- | --- | --- |
|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)**Enhanced Case ManagementReferral 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 |