Enhanced Care Management Program Completion Questionnaire

Enhanced Care Management (ECM) lead care managers are encouraged to complete the questions below with the member to help determine readiness for program completion of ECM and/or to transition out of ECM to a lower level of care management.

Provider name:	**Lead care manager name:**
Contact information:	**Member name:**
CIN:	

Care plan	
Have I met the goals on my care plan?	☐ Yes ☐ No ☐ Other (describe):
Physical health	
I can do the following on my own or with the help of a caregiver or support person (check all that apply):	☐ Make appointments. ☐ Track appointments on a calendar. ☐ Keep appointments or call to reschedule/cancel in advance. ☐ Know how to call the PCP or Nurse Advice Line. ☐ Utilize the ER appropriately. ☐ Know how to attend telehealth appointment. ☐ Find community resources. ☐ Call Customer Service to ask questions or request services (change provider request case management). ☐ Call Modivcare to schedule rides to appointments, pharmacy, food pantries. ☐ Understand the *Member Bill of Rights*. ☐ Use the *Member EOC Handbook*.
Do I understand why I take each of my medications and do I take them as instructed by my doctor?	☐ Yes ☐ No ☐ Other (describe):
Do I know when I need to see my care provider? Do I feel comfortable talking to the care provider about what is bothering me and asking questions?	☐ Yes ☐ No ☐ Other (describe):
Can I follow my care team's recommendations (for example, eating right or exercising)?	☐ Yes ☐ No ☐ Other (describe):
Do I feel like I can manage my stress?	☐ Yes ☐ No ☐ Other (describe):

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Do I know how to take care of my health and ask for help when I need it?	☐ Yes ☐ No ☐ Other (describe):

Mental/emotional health (if has an SMI dx)	
I can do the following on my own or with help of a caregiver or support person (check all that apply):	☐ Understand my mental health diagnosis and treatment. ☐ Know where and when to seek care and make informed decisions about care. ☐ Recognize warning signs related to emotional health/mental health diagnosis. ☐ Recognize things that upset me and respond in a healthy way. ☐ Understand why I take my medications and know how to take my medications. ☐ Identify one or more people I can talk to (for example, support person or group). ☐ Find help when I need it.
Housing	
Do I have safe and stable housing? Do I know how to find help if I need it?	☐ Yes ☐ No ☐ Other (describe):
Do I know my rights in my current housing situation?	☐ Yes ☐ No ☐ Other (describe):
Do I know how my actions, such as paying rent late, hoarding, and smoking, can affect my housing?	☐ Yes ☐ No ☐ Other (describe):
Do I understand why I need to maintain my relationship with the landlord?	☐ Yes ☐ No ☐ Other (describe):
Daily living	
Can I do things like cook, clean, and shop for myself, or with the help of a caregiver or support person? Can I ask for help when I need it?	☐ Yes ☐ No ☐ Other (describe):
Can I perform activities of daily living such as bathing, dressing, toileting, transferring, continence, and feeding on my own, or with the help of a caregiver or support person?	☐ Yes ☐ No ☐ Other (describe):
Do I have all the supplies and equipment to live on my own or with the help of a caregiver or support person?	☐ Yes ☐ No ☐ Other (describe):
Am I able to get food, transportation, and seek help when I need it?	☐ Yes ☐ No ☐ Other (describe):
Do I have my birth certificate, Social Security card, driver's license, and other records to prove my identity?	☐ Yes ☐ No ☐ Other (describe):

Do I know how to keep track of my money* and how and where I spend it (for example, rent, bills, and groceries)? * Note: intended to be inclusive of all income sources, including CalFresh.	☐ Yes ☐ No ☐ Other (describe):

Provide details for the following	
Required: Identify any programs or services to which the member was linked during ECM. Is the member still receiving services from these programs today?	
Required: Describe any ongoing need for care management services related to a specific need or concern.	
Required: If member meets criteria to transition to a lower level of care management, identify a program(s) that may be a good fit to continue to serve the member after the end of ECM services (if known).	