

L.A. Care Health Plan Enhanced Care Management (ECM) Program Completion Questionnaire

ECM Lead Care Managers are encouraged to use the questionnaire below with the member to help determine readiness for program completion of ECM and/or transition out of ECM to a lower level of care management.

Care Plan:

1) Have I have met the goals on my care plan?

Yes No Other: _____

Physical Health:

2) 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 L.A. Care to schedule rides to appointments, pharmacy, food pantries.
- Understand the Member Bill of Rights.
- Use the Member EOC Handbook.

3) Do I understand why I take each of my medications and do I take them as instructed by my doctor?

Yes No Other: _____

4) 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: _____

5) Can I follow my care team's recommendations (e.g. eating right or exercising)?

Yes No Other: _____

6) Do I feel like I can manage my stress?

Yes No Other: _____

7) Do I know how to take care of my health and ask for help when I need it?

Yes No Other: _____

Mental/Emotional Health:

8) 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 (e.g. support person or group).
- Find help when I need it.

Housing:

9) Do I have safe and stable housing? Do I know how to find help if I need it?

Yes No Other: _____

10) Do I know my rights in my current housing situation?

Yes No Other: _____

11) Do I know how my actions can affect my housing (e.g. paying rent late, hoarding, smoking)?

Yes No Other: _____

12) Do I understand why I need to maintain my relationship with the landlord?

Yes No Other: _____

Daily living:

13) 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 Sometimes: _____

14) 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: _____

15) Do I have all of the supplies and equipment to live on my own or with the help of a caregiver or support person?

Yes No Other: _____

16) Am I able to get food, transportation, and seek help when I need it?

Yes No Other: _____

17) Do I have my birth certificate, Social Security card, driver's license, and other records to prove my identity?

Yes No Other: _____

18) Do I know how to keep track of my money* and how and where I spend it (i.e. rent, bills, groceries)? *Note: intended to be inclusive of all sources of income, including CalFresh, etc.

Yes No Other: _____

19) **[REQUIRED] Please identify any programs or services to which the member was linked during ECM. Is the member still receiving services from these programs today?**

20) **[REQUIRED] Please describe any ongoing need for care management services (i.e. related to a specific need or concern):**

21) **[REQUIRED] If member meets criteria to transition to a lower level of care management, please identify a program(s) that may be a good fit to continue to serve the member after the end of ECM services (if known).**
