

GUIDE TO MAKING A REFERRAL TO THE RMHS CASE MANAGEMENT AGENCY FOR NON-I/DD CLIENTS

For Hospital, Nursing Facility, and PACE Staff

1

CONFIRM YOUR ROLE

Are you a staff member at a hospital, nursing facility, or PACE program?



If you are a provider at a different type of facility, **select one of the other options.**



Personal Referrals

Click here if you want to refer yourself, a family member or friend for services.



Go to the RMHS referral portal and click **"Healthcare Professional or Agency Referrals."**



Healthcare Professional or Agency Referrals

Click here if you are a healthcare worker, provider or agency wanting to refer someone for services.

2

DETERMINE LOCATION OF THE PERSON YOU ARE REFERRING

Is the person you are referring currently admitted to a hospital or facility?



Click **"Hospital, Skilled Nursing Facility, and PACE Staff."**



Hospital, Skilled Nursing Facility and PACE Staff

Click here if you are a hospital staff referring an individual to be assessed.
[Click here to download the PMIP Form. Upload completed form at the end of the referral.](#)



Click **"Other Long Term Care Services."**



Other Long Term Care Services

Click here if you are a provider or agency wanting to submit a referral for individuals needing services to meet personal care needs. Support can be provided for individuals with medical conditions, elderly, blind, and disabled, brain injury, spinal cord injury, community mental health services, children with a life-limiting illness, or medically fragile children.



IMPORTANT NOTE: Only select **"Hospital, Skilled Nursing Facility, and PACE Staff"** if the person you are referring is currently admitted to the hospital, a nursing facility, or PACE.

3

IDENTIFY THE COUNTY WHERE THE PERSON YOU ARE REFERRING IS ADMITTED

Is the person you're referring physically admitted to a facility in Denver or Adams County?



Yes

If the person you are referring is physically located in **Denver or Adams County** right now, select "Yes."



No

If **not**, access the [CMA map](#) to identify the correct agency.

4

SELECT REFERRAL SOURCE

Choose the source based on the type of facility where you work.

SELECT:

Medical Facility/Doctor
for hospital staff

SELECT:

Nursing Facility
for nursing facility staff

SELECT:

Service Provider
for PACE program staff

--Select--

Medical Facility/Doctor

Nursing Facility

Service Provider

FOR EXAMPLE:

If you are a social worker employed at a medical facility, select "**Medical Facility/Doctor.**"



BEFORE CONTINUING TO STEP 5,
please ensure you make note of the referral selection you made in step 4.

5

SELECT REFERRAL TYPE based on the referral source selected in Step 4.
Make sure to select the best option only from the referral sources listed in the drop down menu below

If You Chose:
Medical Facility/Doctor
for hospital staff

--Select--
Hospital to Community
Hospital to Nursing Facility

If You Chose:
Nursing Facility
for nursing facility staff

--Select--
Nursing Facility Continued Stay Review (NF CSR)
~~Hospital to Community~~
~~Hospital to Nursing Facility~~
Nursing Facility to Community Transition
Nursing Facility to PACE Transition
Pay Source Change (PSC)

If You Chose:
Service Provider
for PACE program staff

--Select--
PACE Initial Assessment
PACE Continued Stay Review (CSR)
PACE Disenrollment Notification
PACE to Community Transition
PACE to Nursing Facility Transition



BEFORE CONTINUING TO STEPS 6-7,
please ensure you make note of the selection you made in step 5.

6

ENTER DETAILS ABOUT THE PERSON YOU ARE REFERRING

- ✓ Complete all required demographic and contact fields.
- ✓ Complete areas of concern.

7

CHOOSE THE PROGRAM OF INTEREST FOR THE PERSON YOU ARE REFERRING

The program of interest is based on the goals and required supports for the person you're referring. Choose from the 11 options below based on the facility you are referring from, and the referral type you selected in step 5.

To read more about the waiver options, click 'Waiver Chart Links.'

CHOOSE ONLY ONE OPTION FROM THIS GRID BELOW

Hospital Referrals

1

If You Chose:
Hospital to Community



SELECT:
Appropriate Waiver (See Waiver Chart)

2

If You Chose:
Hospital to Nursing Facility



SELECT:
Nursing Facility

3

If You Chose:
Nursing Facility Continued Stay Review (NF CSR)



SELECT:
Nursing Facility

4

If You Chose:
Nursing Facility to Community Transition



SELECT:
Appropriate Waiver (See Waiver Chart)

5

If You Chose:
Nursing Facility to PACE Transition



SELECT:
PACE

6

If You Chose:
Pay Source Change (PSC)



SELECT:
Nursing Facility

7

If You Chose:
PACE Initial Assessment



SELECT:
PACE

8

If You Chose:
PACE Continued Stay Review (CSR)



SELECT:
PACE

9

If You Chose:
PACE Disenrollment Notification



SELECT:
Appropriate Waiver (See Waiver Chart)

10

If You Chose:
PACE to Community Transition



SELECT:
Appropriate Waiver (See Waiver Chart)

11

If You Chose:
PACE to Nursing Facility Transition

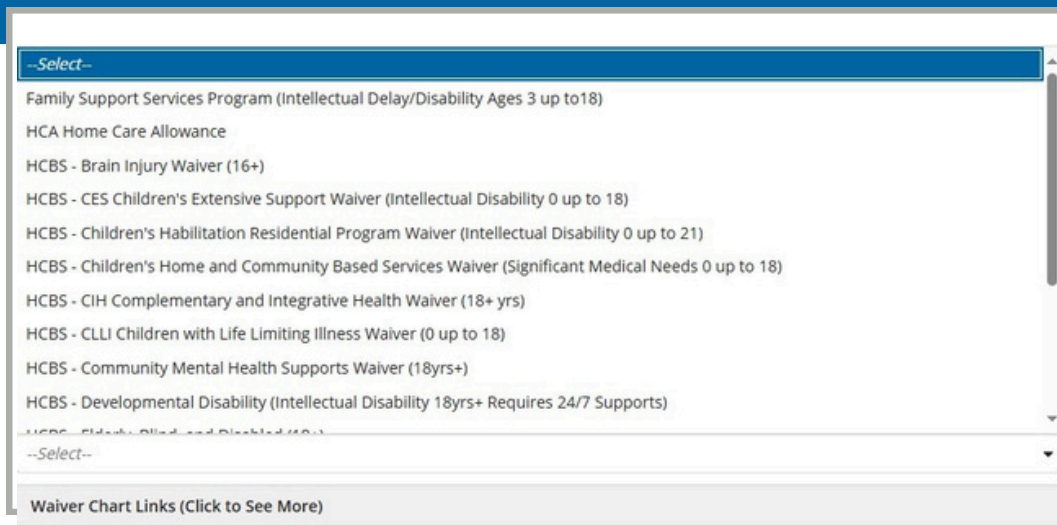


SELECT:
Nursing Facility

Nursing Facility Referrals

PACE Referrals

WAIVER CHART EXAMPLES



--Select--

Family Support Services Program (Intellectual Delay/Disability Ages 3 up to 18)

HCA Home Care Allowance

HCBS - Brain Injury Waiver (16+)

HCBS - CES Children's Extensive Support Waiver (Intellectual Disability 0 up to 18)

HCBS - Children's Habilitation Residential Program Waiver (Intellectual Disability 0 up to 21)

HCBS - Children's Home and Community Based Services Waiver (Significant Medical Needs 0 up to 18)

HCBS - CIH Complementary and Integrative Health Waiver (18+ yrs)

HCBS - CLLI Children with Life Limiting Illness Waiver (0 up to 18)

HCBS - Community Mental Health Supports Waiver (18yrs+)

HCBS - Developmental Disability (Intellectual Disability 18yrs+ Requires 24/7 Supports)

--Select--

[Waiver Chart Links \(Click to See More\)](#)

8

SECOND CHOICE FOR PROGRAM OF INTEREST (OPTIONAL)

- ✓ Some referrals allow for a secondary option. Fill out if applicable.

9

FINALIZE AND SUBMIT

- ✓ Enter additional information requested.
- ✓ Click SUBMIT.
- ✓ A pop-up screen will appear with a confirmation number. Please save this.



You have **completed** the CMA Intake Referral Submission.

10

AFTER SUBMISSION

- ✓ An Intake Case Manager will review shortly in accordance with HCPF compliance regulations.
- ✓ The Intake Case Manager will reach out to the person you are referring first. You may be contacted if needed.
- ✓ Please answer/return calls to avoid delays.