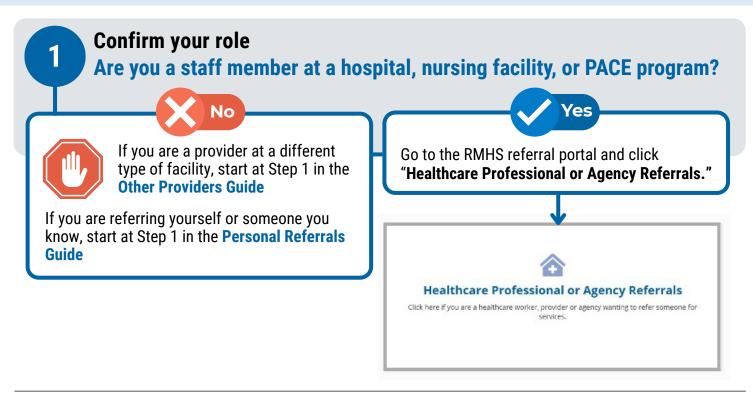
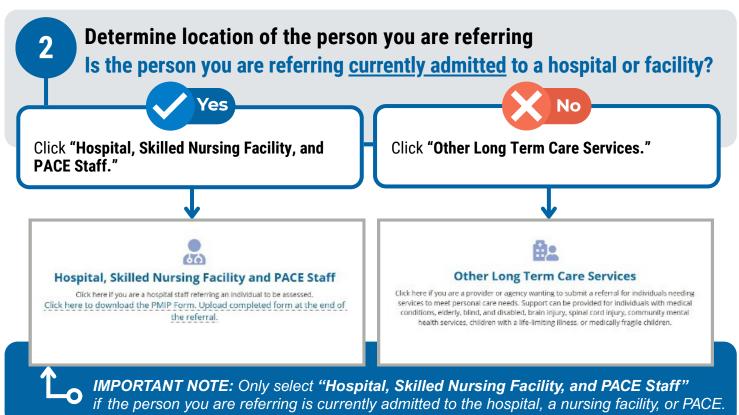
Making a Referral to the RMHS Case Management Agency for Non-I/DD Clients



HOSPITAL, NURSING FACILITY, AND PACE STAFF GUIDE





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?



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



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

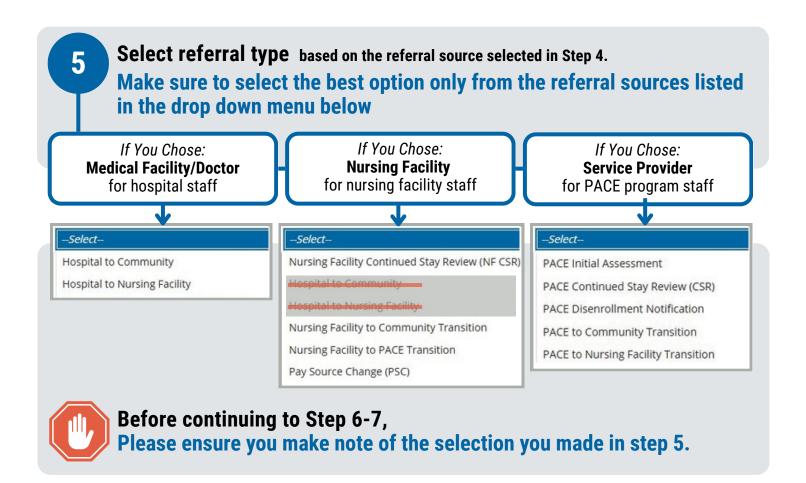
FOR EXAMPLE:

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.





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

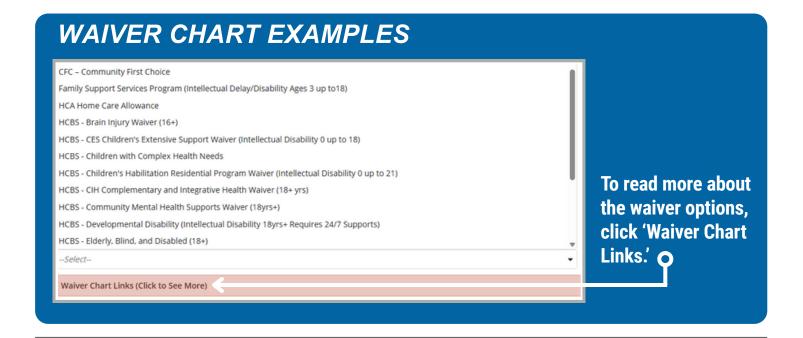
6

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

If You Chose: **SELECT: Hospital to Community Appropriate Waiver (See Waiver Chart)** If You Chose: SELECT: **Hospital to Nursing Facility Nursing Facility** SELECT: If You Chose: **Nursing Facility Continued Stay Review (NF CSR) Nursing Facility Nursing Facility Referrals** SELECT: If You Chose: **Appropriate Waiver (See Waiver Chart) Nursing Facility to Community Transition** SELECT: If You Chose: **PACE Nursing Facility to PACE Transition** If You Chose: SELECT: Pay Source Change (PSC) **Nursing Facility** If You Chose: SELECT: **PACE Initial Assessment PACE** If You Chose: SELECT: **PACE Continued Stay Review (CSR) PACE** PACE Referrals If You Chose: SELECT: **PACE Disenrollment Notification Appropriate Waiver (See Waiver Chart)** If You Chose: SELECT: 10 **PACE to Community Transition Appropriate Waiver (See Waiver Chart)** If You Chose: SELECT: 11 **PACE to Nursing Facility Transition Nursing Facility**



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.

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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.