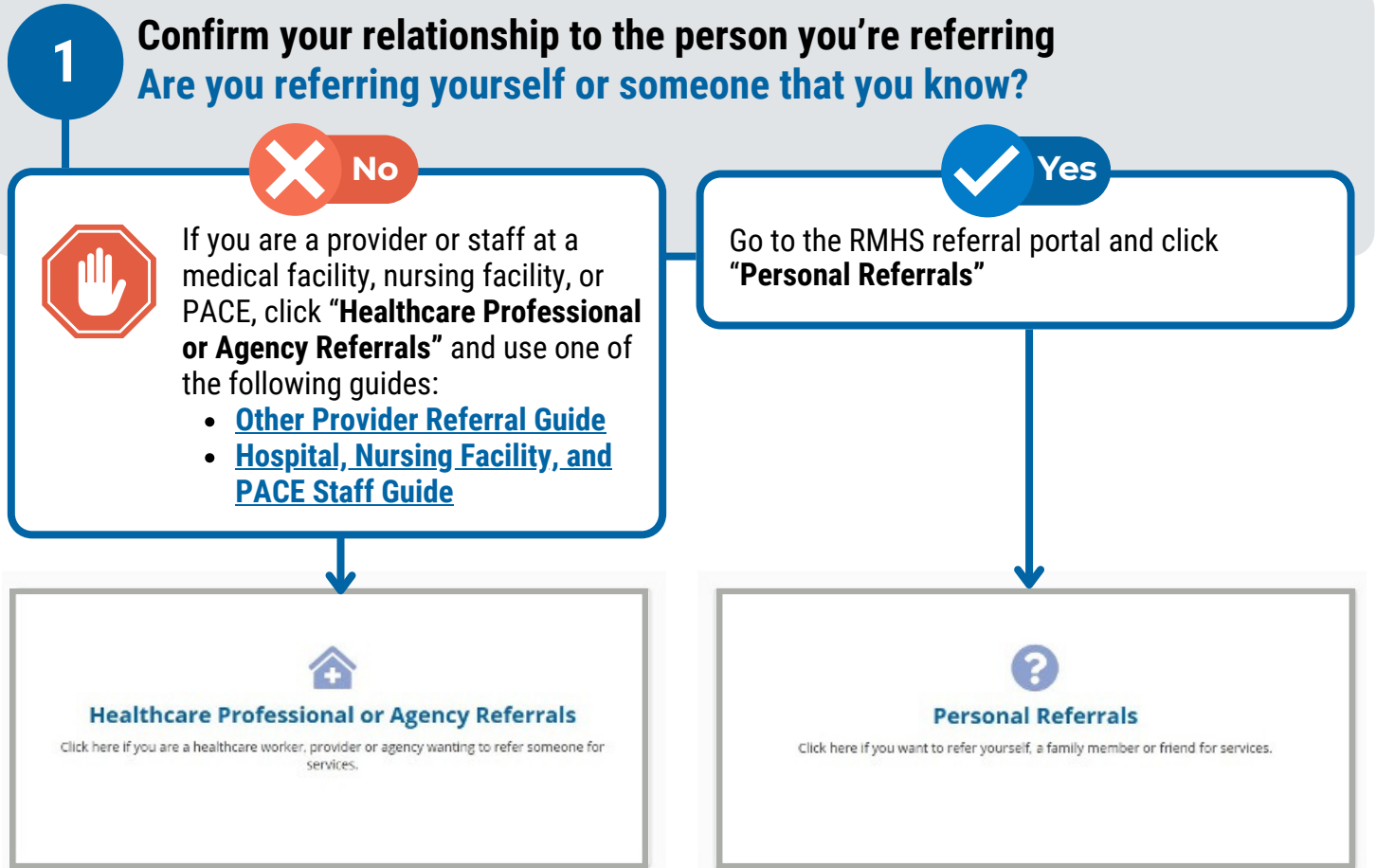


# Making a Referral to the RMHS Case Management Agency for Non-I/DD Clients

## PERSONAL REFERRALS GUIDE for anyone not working in a medical facility or as a provider.



2

**Determine the appropriate RMHS Program for the person you are referring**

**Does the person you are referring require long-term care services or direct case management services?**



**Yes**

Select **"Case Management, Agency, and General Referral"**



### **Case Management, Agency, and General Referral**

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



**No**

Review other programs and **select the most appropriate option** from the list below.



### **Community Transitions - Self/Family/Friend**

Click here if you want to refer yourself, a family member or friend to one of our Community Transitions Programs.

**-OR-**



### **Systemic Therapeutic Assessment Resources and Treatment (Denver START Program)**

Click here if you want to submit a referral for yourself or someone else with an Intellectual/Developmental Disability and mental health needs seeking behavioral health crisis support.

**-OR-**



### **Mill Levy Funding Assistance Request**

Click here if you have questions about funding needs for yourself, a family member or friend. Mill Levy can provide funding to Denver residents living with an Intellectual or Developmental Disability for individual needs and unique services.

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**Identify the county where the person you are referring lives**  
Does the person you are referring live in Denver or Adams County?



Yes

If the person you are referring lives in **Denver or Adams County** right now, select "Yes"



No

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

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**Select referral source**  
Select the option that best describes your relationship to the person you are referring (this will likely be one of the options highlighted in orange below.)

--Select--

Behavioral/Substance Use Agency

Homeless/Housing Services

Institutional Setting

Medicaid Agency

Medical Facility/Doctor

Non-RMHS Case Management Agency

RAE (Regional Accountable Entity)

School

Self/Guardian/Family/Friend

Service Provider

Social Services

Veteran Agency

Other

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**Enter details about the person you are referring**  
✓ **Complete all required demographic and contact fields.**  
✓ **Answer the prompts regarding areas of concern.**

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**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.

**What types of home-based supports does the person you're referring require?**  
**Select the waiver that best fits their needs.**

## WAIVER CHART EXAMPLES

CFC – Community First Choice

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 with Complex Health Needs

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

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

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

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

HCBS - Elderly, Blind, and Disabled (18+)

--Select--

Waiver Chart Links (Click to See More)



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

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### Second choice for program of interest (optional)

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

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### 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.