

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

OTHER PROVIDERS GUIDE

Refer someone who is not admitted to a hospital, nursing facility, or PACE.

1

Confirm your role

Are you a staff member at an outpatient facility or community provider agency?



No



Start at Step 1 in one of the following guides to help you make the right type of referral:

- **Hospital, Nursing Facility, and PACE Staff Referral Guide**
- **Personal Referral Guide**



Yes

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?



Yes

Click **"Hospital, Skilled Nursing Facility, and PACE Staff"** and refer to the **Hospital, Nursing Facility, and PACE Staff Guide**.



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.



No

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 lives Does the person you are referring live in Denver or Adams County?



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



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

4

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.)

<i>-Select-</i>
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

5

Enter details about the person you are referring

- ✓ Complete all required demographic and contact fields.
- ✓ Answer the prompts regarding areas of concern.

6

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.'

7

Second choice for program of interest (optional)

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

8

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.

9

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.

