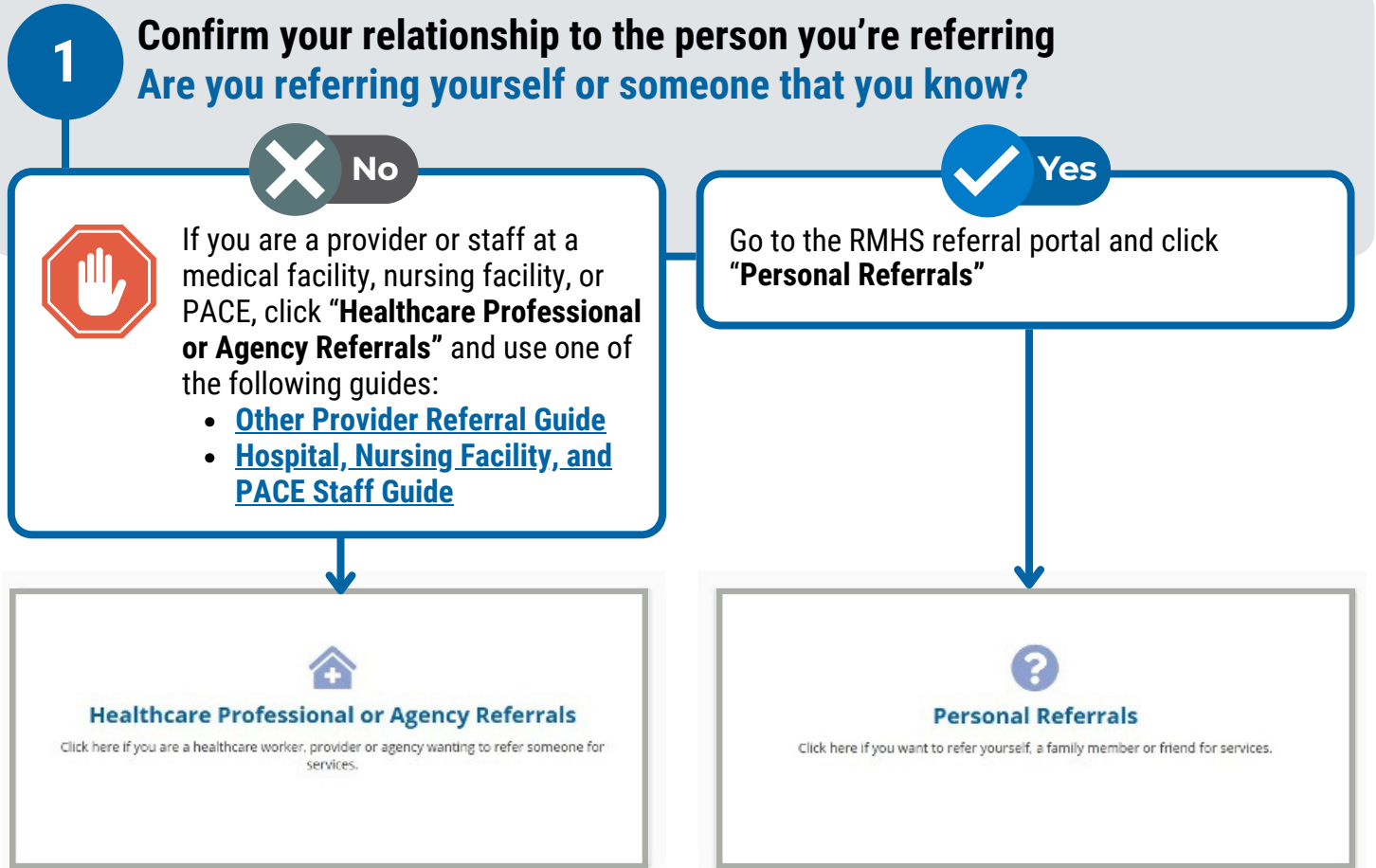


Making a Referral to the RMHS Case Management Agency for Non-I/DD Clients



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.

3

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.

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.)

--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

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.