

SECTION
ELIGIBILITY FOR SERVICES

SUBJECT
Referrals for Service

REQUIREMENT

Referrals for Severe Disabling Mental Illness (SDMI) Home and Community Based Services (HCBS) should be directed to the Case Management Team (CMT) serving the county where the individual resides or Mountain Pacific Quality Health (MPQH). Referrals for SDMI HCBS may come from any source.

If the individual being referred is not currently eligible for Medicaid, the CMT should refer the individual to the appropriate County Office of Public Assistance for a determination of Medicaid eligibility. Refer to Human and Community Services Division website dphhs.mt.gov/contactus/humancommunityservices.shtml.

GENERAL INQUIRIES

The CMT must respond to or follow up on general inquiries regarding SDMI HCBS within five working days.

FORMAL REFERRALS

Formal referrals from MPQH to the CMT must be submitted in writing. Formal referrals mandate that the CMT initiate contact according to the response time indicated below.

RESPONSE TIME

The CMT must initiate contact within five working days of receipt of a formal referral. Onsite visits by the CMT must be made within 45 days of the referral.

REFERRAL SUMMARY

The case record progress notes must begin with a summary of the initial contact, including who made the referral, the date the referral was received, the date and name of the team member making the initial contact, who was contacted and how the initial contact was made; i.e., telephone, office visit, home visit, etc.

MODE OF RESPONSE

The initial contact must be made in person or by telephone. A letter to the Individual is not sufficient. When the first contact is a phone contact, the in-person visit should follow as soon as possible not to exceed 45 days from date of initial referral.

