



**SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU**

HOME AND COMMUNITY BASED WAIVER Policy Manual	Section: ELIGIBILITY FOR SERVICES
	Subject: Referrals for Services

REQUIREMENT

Referrals for Home and Community Based Services (HCBS) should be directed to MPQH for a Level of Care (LOC) determination. HCBS case managers can make this referral by calling 1-800-624-3958 or by completing the Level of Care Determination referral form (see HCBS 899-8, page 6). Other entities such as personal assistance providers, home health, hospital and nursing home discharge planners, family’s or the consumer themselves may also make a referral to MPQH.

If the CMT is making the referral, they should also refer the individual to the appropriate Office of Public Assistance (OPA) for a determination of Long Term Care Medicaid eligibility. (See CSB 1010 for a directory of OPA offices or refer to the OPA website).

**GENERAL
INQUIRIES**

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

**FORMAL
REFERRALS**

If MPQH determines that the applicant does meet Level of Care for HCBS they will provide the CMT with a formal written referral. 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 60 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 making the initial contact, who was contacted, and how the initial contact was made; i.e., telephone, office visit, home visit, etc.

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MODE OF RESPONSE

The initial contact must be made in person or by telephone. A letter to the consumer is not sufficient. When the first contact is a phone contact, the in-person visit should follow as soon as possible not to exceed 60 days from date of initial referral.