



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

HOME AND COMMUNITY BASED WAIVER Policy Manual	Section: PREADMISSION SCREENING
	Subject: Screening Referral Procedures

REFERRAL

Referrals for screening should be made to the Mountain Pacific Quality Health, either by phone (1-800-219-7035, ext. 5842) or by sending a fax (1-800-497-8235) using the Request for Level of Care (form DPHHS-SLTC-85 refer to HCBS 899-7.)

MPQH will complete a phone screen to determine level of care. MPQH will also complete a Level I Screen (DPHHS-SLTC-145) at that time. A copy of the DPHHS-SLTC-61 is faxed to the Case Management Team(s) upon completion of the screening if the individual chooses to be referred to the Home and Community Based Services Program. The Level 1 and Level of Care Determination (DPHHS-SLTC-86) will be sent to teams via secured e-mail from MPQH.

RESPONSE TIME

As a general rule, screenings will be initiated within three working days of referral. When decisions must be made regarding response time for screening, the priorities are:

1. Individuals in hospitals awaiting placement in the HCBS Program;
2. Individuals in the community who are at risk of institutionalization, including individuals in assisted living facilities that require HCBS to avoid discharge to a nursing facility; or
3. Individuals in the community or in nursing facilities who are not at immediate risk. This would include individuals who have a secure environment in the community with appropriate family support.