# **MDT Referral Form Guidance**

### Frequently asked questions

This document should provide some answers to possible referral source questions about the MDT Referral Form for UMMDT, East6MDT and West4MDT. These forms represent the following counties:

UMMDT = Umatilla and Morrow counties

**East6MDT** = Baker, Harney, Grant, Malheur, Union and Wallowa counties

**West4MDT** = Gilliam, Wheeler, Sherman and Lake counties

### Q: When I send a referral form in to one of these emails, who does it go to?

- A: The referral form goes to specific groups of individuals, including:
  - Moda Government team supervisor, lead care coordinator, and the lead intensive case manager
  - GOBHI Intensive case management and utilization manager
  - APD District managers and county supervisors

Filling out the form:

- In the subject line, please include the county where the primary service is needed. For example:
  - Subject line: Umatilla County GOBHI services
  - Subject line: Gilliam County APD and GOBHI services
  - Subject line: Malheur County Medical Case Mgmt and APD services
- Please fill out all areas of the form.
- When emailing this form, make sure you send it Secure and Encrypted.

#### Q: How long does it take to get a response?

A: Someone from at least one of the departments responds on the same day unless it is after 4 p.m., then a response may not occur until the next business day.

### Q: What happens if I need assistance immediately?

A: This is not an emergency service. However, if urgent, mark URGENT on the email subject line.

### Q: What if I have more information than will fit on the form?

A: The form is a read-only form. It will need to be saved as another name for each individual. The open areas will expand as typing is continued.

#### Q: How do I know what happens with a case?

A: Any response to the original referring email will include 'Reply All' so that the information goes back to the referring person. Moda, GOBHI and APD collaborate to discuss the cases every two weeks. After these meetings, referrers will receive an email of the original referral form with any updates at the end.

#### Q: What can I expect from making a referral?

A: When making a referral to the MDT, you are able to reach the top people within each group. All three groups (Moda/GOBHI/APD) work together to come up with a plan for the member. Though we will always try, members still have the right to refuse services. This means we are not able to guarantee results.



## Q: Is it required that the member be aware of the referral to the MDT?

A: While it is not required, it is strongly suggested so that when GOBHI or APD reaches out to the member, the member is somewhat aware that the case has been discussed. There is no requirement of getting consent to discuss the case as all entities have a vested interest in the member from either a payer source or provider source.

The member can be told, "I am not sure how else to help in this particular situation, but I would like to make a referral to another team of individuals for you so that they can discuss additional resources or programs that may be helpful."

#### Q: The member is not in their county of residence right now, they are in Portland/ Seattle/Tri-cities/Boise, etc. How can I find which county they live in?

A: The County of Residence box is for the county that the member normally lives in while not in the hospital/SNF/LTACH, etc. When the member is outside of the EOCCO completely, send the MDT form to the county where the member normally resides.

#### Q: The member lives in Malheur County but is being treated in Umatilla County and seeking placement (SNF, foster care, etc.) in Umatilla County. Where do I send the referral?

- A: The County of Residence box. Fill in the county where you are seeking service and the type of service (for example, "Umatilla SNF"). If possible, make a note in the email that the member normally lives in "Ontario."
  - The MDT will also be used as an avenue to make Behavior Health and Medical Intensive Case Management (ICM) referrals. Follow these steps to complete the MDT referral form:
    - Fill out the same MDT referral form and send it to the appropriate email address for the specific county.
    - The subject line should be either "ICM for GOBHI" or "ICM for Moda." These cases will be treated as notifications and will not continue to be reviewed every two weeks unless the situation warrants it.

#### Q: What kinds of cases are appropriate for MDT?

- A: There are many cases that are appropriate for MDT, including:
  - Members that may need beyond the 20day benefit at a SNF. This reason is usually done internally and has a different form called a Diversion Transition Referral Form.
  - Members that need in-home services and are not sure if they qualify or not for a caregiver.
  - Members who need intense behavioral health case management but also have serious medical issues and no one is sure if they case is to be covered by behavioral or medical.
  - Complex dc plans when a member has no known place to go.
  - Complex transitions of care from SNF to home or hospital to home.
  - When you have done everything you know how to help the patient and you want more input on the situation.
  - When you are having trouble getting a response at a lower level from the mental health provider, APD or case management.
  - Complex situations that need an "out-of-the-box" resolution.

Eastern Oregon Coordinated Care Organization must follow state and federal civil rights laws. We cannot treat people unfairly in any of our services or programs because of a person's age, color, disability, gender identity, marital status, national origin, race, religion, sex or sexual orientation. ATENCION: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711). 注意:如果您說中文,可得到免費語言幫助服務。請致電 1-877-605-3229 (豐啞人專用: 711) 45734336 (11/18)