NORTH Dakota | Health & Human Services
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1915(i) Therap Referral Module Guide

Activating Access to the Oversight Referral Module

Providers must have the Oversight Referral feature enabled in their Shareable Super Role. Go into the Provider's Administrative account and Manage User Privileges to activate the Referral Module. To do this, when you are logged in as your agency's admin, click on the Admin Tab. Then select Manage in the User Privileges line. Select the administrative user whose privileges you need to update. Under Agency Wide Administrative Roles, you need to select Recipient Referral and Recipient Referral View.

If you have any questions about how to make sure you Therap account(s) are set up properly email ndsupport@therapservices.net.

Creating Referrals: Care Coordination Agencies

Referral creation starts with the care coordinator. This is for members where you are sending a referral to an agency that the member is not already receiving 1915(i) supportive services from or have not received 1915(i) supportive services in the past. Care coordinators will be able to create referrals for supportive services – i.e. peer support, housing support, non-medical transportation, etc. They will also transfer care coordination services this way as well.

- As the care coordinator, you will need to make sure you are in the State Oversight Account. In the State Oversight Account, click on the Intake tab, then click New in the Referral line.
- Select the member from the list that you wish to make the referral for.

Enter the following information.

- Anticipated Admission Date: Allow the provider two business days to accept or deny the referral per current 1915(i) policy.
- Notification Level: Unless the need is emergent, we'd expect to see Medium on referrals.
- Restricted: Select No
- Recipient Type: Referral to Specific Provider
- Region/Group: All Recipient Providers

- Recipient Provider: Select a provider's Non-Care Coordination Agency for supportive services (this is the one without CC in their Provide Code. The Provider Code is listed after the provider's name). If you are transferring care coordination you would select the agency name with CC in it.
- Services: Select the services you are sending the referral for.
- Service Description: Describe in detail what service you are sending the referral for. For example, if it was for peer support you would provide the following information: detail Service needed, i.e. Peer Support, units requested, frequency limit requested, duration limit requested, indicate if these are new or transferred services, and this is where you would put in any cultural, or linguistic, wants or needs the member has.
- You will attach the members' plan of care, a release of information and any other documents you may want to add in the Referral Packet section by clicking Add File. You will need to upload the .pdf version of the member's plan of care after downloading it from Therap. There is currently no way to attach the POC through Therap. You can select Attach Other File to add things like the member's application, their WHODAS, or their Diagnosis information, if you choose to send them. At a minimum you must send a copy of the POC and a signed ROI for the agency you are sending the referral to. If you do not send at least these two items, the referral is not considered complete.
- You do not have to add anything in the Add Comments box.

You can Save the Referral to come back to it later; this will create a draft of the referral, and it will not send it to the other agency. Once you click Send Referral the referral will be sent to the selected provider. You will see a confirmation message in Therap.

If you are sending a referral for a member that has been connected to the agency in the past, but now you are sending a referral to connect them to that supportive service agency again, at this stage you will get a screen that shows their status as discharged with that agency. This is the system telling you that the member is already connected to the supportive service agency, and you need to go to the "For Providers who already provided supportive services to a member," section of this guide.

Your agency contact who handles referrals will monitor their To Do list for Referrals Marked Accepted by Recipient Provider. More on that in a later section.

For providers who already provide supportive services to a member

Some members may already be receiving other 1915(i) supportive services with a provider. For example, the member may be working with the supportive service provider for peer support and wants them to also now do housing support. Or they may have

received services from a provider in the past and want to restart services with that provider. In these cases, you will not be able to send a full referral through Therap. The purpose of a Therap referral is to link the provider with the member and if the provider is already serving as the member's peer support provider (or served them in the past), they already will be linked in Therap.

For referrals in this situation, you will send a Cross-Provider message (SComm) in Therap titled with which Supportive Service you are referring for – i.e. "Housing Referral" and then use the body of the SComm to give the anticipated start date and any other helpful referral details. You will attached the plan of care to the SComm. The referred to provider needs to decide as to whether they want to accept or deny the referral. The referred to provider will reply with an Accept to accept the referral and respond Deny if they are denying the referral, along with a short reason for denial. If the member was served by the referred to provider in the past, but they are now in a discharge status in the referred to provider account, that provider will need to go to the member's IDF in their account and Admint them, if they accept the referral.

The expectation is that referrals done via SComm will also be subject to a two-business day response time or be deemed a denial. After two business days with no response, you can determine that as a denial and documentation of that is easy to access in Therap by providing a PDF of the SComm with no response. If you are going to be asking for a conflict-of-interest exemption, you will need to save the PDF of the denied referral's Scomm and attach it to the POC.

Viewing and Accepting or Denying Referrals: Receiving Agencies

Log in to Therap to accept referrals as the admin of the supportive service provider, or the admin of care coordination for care coordination transfers. Agencies need to have someone with this access checking for referrals in Therap. When referrals are sent to the supportive service agency, they will populate in the Worklist line under Referrals in the To Do tab. Click on the number in the Worklist line to bring up the referrals.

Click on the referral with the Pending Provider Response status. You can Accept or Deny the referral. Make sure to select the Requested Service you are accepting by checking the box next to it. This is in the Service(s) section of the referral.

For denials, you can choose one of the pre-populated drop-down reasons for denying a referral or select other for something different and explain in the comments section to the referring care coordination agency why you are denying the referral.

If you choose Update Referral, you will be able to send comments back to the referring provider such as suggesting a different admission date or giving or getting additional information before accepting or denying the referral.

Accepting the Referral: Care Coordination Agencies

Referrals Accepted by receiving agency are sent back to Oversight Care Coordination Agency (the agency that sent the referral) for approval. These will appear in your To Do tab, labeled Accepted by Recipient Provider List. Click on this to bring up the referrals in Accepted by Recipient Provider status. Click on the referral you wish to work on.

Care Coordination State Oversight users may accept, deny, update, or revert the Referral as necessary using the respective buttons at the bottom of the referral. Click on the Accept button to accept the referral that was accepted by the recipient provider. Clicking on the Revert button will return the Referral form to its previous state. For example, if the status of the Referral form is Accepted by Recipient Provider, clicking on the Revert button will return it to Pending Provider Response status. If something comes up at this step, you can also Deny the referral.

Once you click on accept, a confirmation message will be shown stating that the individual has been successfully admitted in Pending Approval Status.

Admit the Individual: Receiving Agencies

Once the care coordination agency (the agency that sent the referral) has accepted your acceptance of the referral, you (the agency receiving the referral) will need to Admit the individual. To do so, click on Selected by Oversight in your To Do tab. Clicking on Selected by Oversight will bring up a list of all referrals that have been accepted by the other agency's Oversight account. Select the referral that you need to admit. This will bring you to that member's referral. Scroll down to the bottom of the referral and select Admit Individual.

Closing the Referral: Care Coordination Agencies

Now the agency that sent the referral (Care Coordination agency) must go into the Admission Complete List in their To Do tab. Select the referral and close the referral. The referral process is not done, and the member is not linked to the service (receiving) agency until the referral is Closed by the care coordination agency.

Acknowledging Referral Closed

Once the sending agency (care coordination) has Closed the referral, the receiving (service) agency will have it listed under their Acknowledgement list, in the Referral line, in their To Do tab. The status of the referral will be Closed. That tells you that the referral is all done, and the member is now linked to your agency. You don't have to acknowledge the referral, but it will stay on your To Do tab until you do.

Care Coordination Transfers

If you are accepting a care coordination transfer from another agency, it is at this point that you will go to the 1915(i) webpage and fill out a New member Care Coordination form. Make sure to check that it is a transfer on the New Member Care Coordination form.

Searching for Referrals

To search for a referral, click on the Admin tab, and then Search in the Referral line. If you want to search for a specific person's referral, enter their name. Or you can click on search, and the next page will bring up all the referrals your agency has.