



How to Refer a Consumer Discharging to the Community from a Hospital or Certified Health Care Home

The MinnesotaHelp Network™ online referral site allows providers to make referrals to the Senior LinkAge Line® on behalf of consumers who would benefit from receiving additional assistance, including assistance when leaving a hospital, nursing home, or another facility.

This step-by-step guide only provides guidance for completing a referral from a hospital or certified health care home for consumers who are discharging to a community setting and not a nursing facility. These referrals are for consumers who are age 60+ and **not** discharging to a nursing facility/swing bed.

Tips for Completion:

- Please bookmark the [online referral site](#) for easy access. By bookmarking this page, you will always be accessing the most up-to-date version.
- As you complete each screen, that section will turn blue in the left hand side on the navigation bar.



- When a section is completed and you see it the text as blue on the left hand sidebar you can return to the page, if changes are needed.
 - If you enter any information on a screen, you must click **Continue** or the information on that screen will be lost. If you need to return to a previous screen and have already entered information on the current screen, click **Continue** before returning to the screen that requires changes.
- Required fields are marked **(Required)** after the field label. You will not be able to continue until you have completed the required information. Errors will appear in red boxes under the fields that need to be completed or corrected.

After Submission:

- After selecting **Finish**, you will receive an output form that contains all submitted information, as well as a confirmation number, date and time stamp to show the form was submitted.
 - We encourage you print a copy of the referral for your own records.

Updating or Changing Information:

There may be instances when you've completed a referral and realize that some information provided was incorrect or has changed. There are several ways to update this information.

- Contact the Senior LinkAge Line® via chat or phone to update:
 - Date of birth
 - Name
 - Social Security number
 - Other basic information
- Submit a new referral form if most information is incorrect.

Technology Tips:

The online referral site is compatible with newer versions of several commonly used Web browsers including the following types: Internet Explorer 10 and newer, Google Chrome, Firefox and Safari.

If you notice that a number of fields are grayed-out when completing an online referral, this is often a sign that you are using an older, incompatible browser or that you are still within your agency's intranet. The following tips can be used to ensure the referral form is accessible:

- Ensure the Web browser is up-to-date.
- Open a new browser and go to a public site like Google, from Google enter the following URL:
<https://mnhelpreferral.revation.com/>.

Step-by-Step Guide:

Home page:

This is the home page of the online referral site, where the submitter will be directed to the appropriate path for the referral based on the type of provider they are and why they are making a referral. For these types of referrals, the value in the **Reason for Referral** field should be "Needs help to remain in the community". After completing the fields on this page, click the **Continue** button.

Reason For Referral (required)
Needs Help to remain in the community
Why is referral needed for this consumer?

Please note the chat/email feature in the upper right hand corner. Senior LinkAge Line® specialists are available during business hours to chat. Emails may be submitted after hours. This feature is available on all pages of the referral site.



Welcome to the MinnesotaHelp Network™ online referral page. Through this portal you can securely make referrals to the Senior LinkAge Line® and Disability LinkAge Line® for

- Pre-Admission Screening ?
- Level of Care 90-day redeterminations ?
- Moving Home Minnesota (Money Follows the Person) ?
- MDS Section Q ?
- A referral for a consumer who wants to leave their current setting and return to the community ? or
- A referral for a consumer who wants to remain in the community but needs follow-up ?

We need to ask a few questions to help determine which type of referral you are trying to make.

Any referrals that are made to the Senior LinkAge Line® should be printed and retained in the consumer's medical chart. If the consumer would like a copy of the referral, please ensure a copy is provided.

Please bookmark the following link or save as a favorite to be directly taken to the online referral site: <https://mnhelpreferral.revation.com>.

What if I want to make a referral and I don't fit into any of these categories? Call the Senior LinkAge Line®: A One Stop Shop for Minnesota Seniors at 1-800-333-2433 and they will assist you.

Start page:

This page provides information about the referral protocol and completion of the online form. After reviewing the introduction, click **Continue**.

Start

For hospital discharge planners: If the consumer is enrolled in a certified health care home, refer to the Health Care Home Care Coordinator. They will work directly with Senior LinkAge Line® to ensure access to Long Term Care Options Counseling and community resources. If you are unaware of whom this is, please refer the consumer to the Senior LinkAge Line®.

Continue

Health Care Provider Completing Information Screen:

Enter information about the submitter. It is important for the Senior LinkAge Line® to know who entered the information, if questions arise or clarification is needed.

- **Providers located in Minnesota:** Click the blue **Search Listings** button to find your provider listing.

Provider Name (required)


Clear Selection

Search Listings

Searching for Listings

Providers can be located by searching with a part of the provider name or the city. For example, if searching for Lake Region Clinic in Fergus Falls, MN you can search by typing in **Lake** to find all providers with Lake as part of the provider name. Or you can simply type in Fergus Falls to find all providers located in Fergus Falls.

Clinic/Certified Health Care Home Search

Search Criteria Search 


Name	Provider	Service	Address	City
1515 & 1601 Medical Office Building Services	St Francis Regional Medical	Outpatient Services	1515 & 1601 Medical Office	Shakopee
AALFA Family Clinic	AALFA Family Clinic	Health Care Homes	4465 White Bear Pkwy, Ste	White Bear Lake
AALFA Family Clinic	AALFA Family Clinic	Christian Clinic Services	4465 White Bear Pkwy, Ste	White Bear Lake
Aazhoomoq Clinic-Lake Lena Community Center	Mille Lacs Band of Ojibwe	Medical Services	45741 Grace Lake Rd	Sandstone
Abbott Northwestern - WestHealth Surgery Center in	Allina Health	Medical Clinic	2855 Campus Dr, Ste 465	Plymouth
ACMC - Benson	Affiliated Community Medica	Health Care Homes	1810 McKinney Ave	Benson
ACMC - Benson	Affiliated Community Medica	ACMC - Benson Medical Clin	1810 McKinney Ave	Benson
ACMC - Granite Falls	Affiliated Community Medica	ACMC - Granite Falls Medica	295 10th Ave	Granite Falls
ACMC - Granite Falls	Affiliated Community Medica	Health Care Homes	295 10th Ave	Granite Falls
ACMC - Hancock	Affiliated Community Medica	ACMC - Hancock Medical Clir	668 Atlantic Ave	Hancock

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Once you have selected a location, by clicking on the **Name** of the Clinic/Certified Health Care Home or Hospital, the **Type of Service, Address, City, State, County and Phone Number** fields will auto-populate for you.


- **For providers located outside of Minnesota:** Choose your provider type. Then simply change the **State** field to the state where your facility is located. This will change the fields to text fields, which will allow you to type in the correct information.

State (required)

North Dakota 


If you are searching for a facility located outside state. Once you select the state, you will be able to select the county.

County (required)

Out of State 

This field will only need to be completed when the provider is located outside of Minnesota. It will auto populate based on the search screen. If the provider is located outside of Minnesota, you must choose "Out of State" as the value for this field.

County - Out of State

Cass 

State: Indicate the state where submitting provider is located.

If the provider is located outside Minnesota, **County** will always have a value of **Out of State**

County-Out of State will reflect the county of the provider submitting the referral.

Name of Person Completing this Form (required)

What is the first and last name of the person completing this form?

Relationship to Consumer (required)

Select...

- Select...
- Case Aide
- Case Manager/Care Coordinator
- Clerical Staff
- Disability Linkage Line®
- Discharge Planner/Social Worker
- Licensed Practical Nurse (LPN)
- Medical Assistant
- Other Representative
- Physician
- Physician Assistant
- Registered Nurse (RN)

Enter the name of the person completing the online referral or who should be contacted if questions arise. This will assist the Senior LinkAge Line®, if questions or clarification is needed.

Select the corresponding title of the person completing the online referral.

Consumer Information Screen:

The purpose of this section is to collect information about the consumer. In addition, the information will be used by the Senior LinkAge Line® when consumers receive follow-up in the community.

Be sure to double check the consumer's:

- First name spelling of the consumer's legal first name. This should match what appears on the consumer's driver's license or Social Security/Medicare card.
 - A separate field is available to document what name the consumer wishes to be called.
- Last name spelling
- Date of birth
- Age which is calculated by the date of birth that was entered

Housing Prior to Hospitalization/ER/Nursing Home Placement

Housing Prior to Hospitalization/ER/Nursing Home Placement (required)

Select...

- Select...
- Board & Lodge
- Correctional Facility
- Foster Care
- Homeless
- Housing with Services/Assisted Living
- ICF/DD
- Nursing Facility/Certified Boarding Care
- Noncertified Boarding Care
- Own Home, Apartment
- Other Home, Apartment

Indicate where the consumer resided prior to hospitalization or where they currently reside if visiting the clinic.

If the consumer is homeless, address is not required.

Is the Home Address the same as the Provider who is submitting this referral?

- If the referred consumer has been a long-stay hospital patient and no longer has an address in the community, choose **Yes**. A yes response will auto-fill the address fields with the same values of the provider who is submitting the referral once **Continue** is chosen at the bottom of the screen. These fields will not be required to complete in this circumstance.
- Most often, the patient’s address will not be the same as the provider submitting the referral and therefore, the address of the consumer will be required in order to continue filling out the referral.

Is the Home Address the same as the Provider who is submitting this referral? (required)

Select...

Is the consumers' address in the community the same as the setting, you, as a provider, are located?

Caregiver Information Screen:

Enter information about anyone who may need to be involved in the consumer’s care. If the consumer is not able to communicate on his/her own behalf or would like a family member to speak for them, please include their information here. **Please note: any caregiver listed must be at the request of the consumer, or have legal authority, such as Power of Attorney or guardianship.**

Prior to adding a caregiver, or if one will not be added, the page will look like the figure below. If you indicate that contact should be made with someone other than the consumer, you will not be able to continue without **Adding a Caregiver**. If contact should not be made with anyone else besides the consumer, select **No** and then you can continue to the next screen.

Caregiver Information

Should contact be made with someone other than the consumer? (required)

Select...

This may include family, friends, a professional or other person that the consumer requests to be included in their care or is required to be involved due to legal authority.

Caregivers

Add a Caregiver

Back **Continue**

Caregiver

Is the caregiver a health care agent? (required)

Select...

Is the primary caregiver a health care agent/proxy for the consumer?

Caregiver Name (required)

What is the caregiver's first and last name?

Caregiver Relationship (required)

- Adult Child
- Friend/Neighbor
- Guardian
- Paid Help
- Parent of Adult
- Parent of Minor
- Relative
- Representative
- Service Provider
- Sibling
- Spouse/Partner

What is the caregiver's relationship to the consumer?

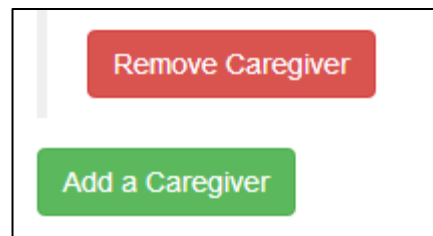
Caregiver Phone Number (required)

When adding a caregiver, the following fields are required:

- ***Is the caregiver a health care agent?***
- ***Caregiver Name***
- ***Caregiver Relationship***
- ***Caregiver Phone Number***

Additional information can be provided for each caregiver including home address, which is helpful if correspondence needs to be sent on behalf of the consumer.

More than one caregiver can be listed, but the primary caregiver should be listed first. To remove or add a caregiver, select the ***Remove Caregiver*** or ***Add Caregiver*** button at the bottom of the screen.



Financial Information Screen:

This section provides information to help with identifying the individual in state systems. It also helps the Senior LinkAge Line® determine if the consumer is on a public program, waiver, Alternative Care or managed care plan.

A few key points on this screen:

- These identification numbers below are not required, but are very helpful for specialists. These numbers will be masked after entering to protect private data.

<p>MAXIS Case Number</p> <input type="text"/>	<p>MAXIS Case Number: Eight numbers long.</p>
<p>What is the consumer's MAXIS case number if applicable?</p>	
<p>PMI (Person Master Index) Number</p> <input type="text"/>	<p>PMI (Person Master Index) Number: Eight numbers and in most cases will begin with the number 0. If the consumer is on Medical Assistance, this number is the same.</p>
<p>What is the consumer's PMI (Person Master Index) Number? For consumers on Medical Assistance, the PMI and Medical Assistance number are the same.</p>	
<p>Medical Assistance Number</p> <input type="text"/>	<p>Medicaid Assistance Number: Eight numbers and in most cases will begin with number 0.</p>
<p>What is the consumer's Medical Assistance (Medicaid) number?</p>	
<p>Medicare Number</p> <input type="text"/>	<p>Medicare Number: Enter the Medicare number of the consumer. This field accepts railroad retirement numbers in which the letter comes first.</p>
<p>What is the consumer's Medicare number?</p>	

Does the consumer currently have a care coordinator/case manager?

- If **Yes** is selected, contact information will be required in order to continue. This could include a mental health case manager, public health, managed care coordinator or other county case manager.

Does the consumer currently have a care coordinator/case manager? (required)

- Select...
- Yes
- No
- Unsure

Public Health Care Program Status (required)

- Select...
- Currently on Medical Assistance
- Application for Medical Assistance Submitted
- Needs to Apply for Medical Assistance
- Private Pay

Public Health Care Program Status: Indicate if the consumer is on Medical Assistance, needs to apply or if an application was already submitted. If the consumer is not on Medical Assistance, and doesn't need to apply, choose **Private Pay**.

Long Term Care Options Counseling Screen:

This section tells the Senior LinkAge® Line what the consumer could use help with when they are back in the community. Choose all that apply.

Long Term Care Options Counseling

Does the consumer have any questions, concerns or needs assistance in any of the following areas? (required)

- Lack of caregiver or current caregiver is overwhelmed
- Needs help arranging non-health related services such as preparing meals, respite, laundry, housekeeping, chore or caregiver consultation services.
- Needs assistance managing/paying for medications
- Questions about Medicare or other health insurance benefits
- No transportation or has difficulty getting places
- Difficulty managing finances or paying for services
- Memory concerns
- Concerns about safety or need for home modification

Select the topic areas the consumer would benefit learning more about.

Discharge/Community Information Screen:

This section provides additional information to the Senior LinkAge Line® regarding the consumer's situation.

Admit Date
Month [v] Day []
What date was the consumer admitted into the setting where they currently reside?

Actual/Anticipated Discharge Date
Month [v] Day []
What is the actual/anticipated admit date?

Admit Date: Indicate the date the consumer entered the hospital regardless of inpatient or observation status, if appropriate.

Actual or Anticipated Discharge Date is when the consumer will be discharged from the hospital.


Date consumer/caregiver would prefer follow-up from Senior LinkAge Line®-should be at least three days from discharge: This date should be based on consumer/caregiver preference and when they would like to speak with the Senior LinkAge Line® about the concerns that were checked on the **Long Term Care Options Counseling** screen.

Is the consumer going home with Medicare home care services? Indicate if the consumer is going home with Medicare home care services.



Does the consumer have a home in the community they are planning to return to upon discharge? If the consumer does not have a home in the community or is unhappy with their current setting, choose **No, they would like help locating housing**.

Would the consumer like assistance with employment resources? If the consumer is looking for information regarding employment because they are unemployed or would like to return to work, choose **Yes**.



Date consumer/caregiver would prefer follow-up from Senior LinkAge Line®-should be at least 3 days from discharge (required)		
Month ▼	Day ▼	Year
Is the consumer going home with Medicare home care services? (required)		
Select...		
Does the consumer have a home in the community they are planning to return to upon discharge? (required)		
Select...		
Would the consumer like assistance with employment resources? (required)		
Select...		

Other Information Screen:

This section provides the Senior LinkAge Line® with information about the consumer’s need for interpreter or translation services, as well as the need for special accommodations for communicating with the consumer. This page also includes a comments section in case additional information is needed.

<h2>Other Information</h2>
Does the consumer speak a language other than English and need translation services? (required)
No ▼
If the consumer speaks a language other than English, please specify which language.

Review Page:

This page summarizes the responses entered onto the online referral site. By submitting the referral, you are confirming that you have gained permission from the consumer to submit their information to the Senior LinkAge Line® for follow-up. Please take the time to ensure the information submitted is correct. If incorrect, go back to the appropriate screen to make changes.

Be aware that the form will not be submitted until you hit the **Finish** button. **Without taking this final step, the information will not be submitted to the Senior LinkAge Line® and will be lost once you close your Web browser.** Please note, these screenshots do not show the entire **Review** page, only the first view and the last view of the page.

Beginning of Review Page:

<h1>Review</h1>	
Online Referral to Senior LinkAge Line®	
Health Care Provider Completing Information	
Provider Type	Clinic/Certified Health Care Home
Provider Name	ACMC - Benson
Address	1810 McKinney Ave

End of Review Page:

Other Information	
Does the consumer speak a language other than English and need translation services?	Yes
If yes, which language?	Chinese
Does the consumer need any special accommodations to receive a phone call?	No

Note: In order to submit this form indicating the patient would benefit from Long Term Care Options Counseling from the Senior LinkAge Line®, the health care provider needs to get permission from the patient to provide their personal data to the Senior LinkAge Line®. Please inform the patient that the Senior LinkAge Line® is concerned about the security and privacy of personal information in its possession; therefore it takes reasonable and legally mandated state and federal precautions to safeguard and secure the information from loss, misuse, unauthorized access, disclosure, alteration, and destruction.

By submitting this information, I, as a health care provider confirm that I have received permission from the patient to collect personal information for the Senior LinkAge Line® and submit the information via this online form. I certify that the information included in this submission is true and complete to the best of my knowledge, without omission of any consequence.

[Finish](#)

Confirmation Page:

Users can print or save the referral as a PDF. This is highly recommended for tracking purposes. If an additional copy of the referral is needed, providers can call or chat with the Senior LinkAge Line® to request a copy.