



Automated Online Waiver Referral/Tracking Form Workflow

Purpose

Identify and track members who have been referred to waiver services.

When to Use This Form

Use this form **after** member has been referred to the Division of Rehabilitation Services (DRS) or Illinois Department on Aging (IDOA)

Step-by-Step Waiver Referral Process

1. Access the Waiver Referral Tracking Form using the link below.
[Waiver Referral - Clinical Operations](#)
2. Enter the Date of Submission (today's date – M/d/yyyy).
3. Complete all Member Information fields: Member RIN, First and Last Name, Date of Birth, and Zip Code.
4. Select the correct CME Name: HP, MHN, ACCESS, or DSCC.
5. Enter the Care Manager Name and Email Address (this does not auto-populate).
6. Select the referral agency: IDoA (Aging) or DRS (PWD, TBI, HIV).
7. Enter the Date of Referral (actual referral date – M/d/yyyy).
8. Select the primary Reason for Referral.
9. If 'Other' is selected, clearly explain the reason for referral.
10. Review all required fields for accuracy and click Submit.

After Automated Online Waiver Referral Form Submission

The referral form is exported to a spreadsheet and tracked by the CM Oversight Team and CME Leadership to monitor the application process.

Questions

Refer to HCBS Waiver Conversion -Referral Guide or Waiver Conversion Training slide deck:

[Care Coordination – CountyCare Health Plan](#)