

# MOMENTUM

A program of RMHS



## What Is Momentum?

The Rocky Mountain Human Services (RMHS) Momentum Program supports the transition of children and adults from inpatient mental health institutes, hospitals, home and other care settings to community living. Our care team assesses the needs and goals of individuals and families, collaborates to create plans and build support systems to support successful transitions, and helps to identify community resources.



The program is funded through a contract with the Colorado Department of Human Services Office of Behavioral Health.

## Who Are We?

The Momentum team includes:

- **Care Managers** who provide intensive, person-centered support to help individuals and families identify needs, define goals and access resources.
- **Peer Specialists** who provide unique support to clients based on their own personal experience with mental illness and/or substance use and recovery.

## Where Are We?

Staff are located throughout Colorado, including in Denver, Loveland, Colorado Springs, Pueblo, Grand Junction and Durango. Our workforce is mobile. Our care managers and peer specialists work with clients and staff in mental health institutes and hospitals, as well as families and clients in their homes and community.

## Momentum's Impact

Since RMHS began administering the program in July 2018, Momentum has served nearly 992 clients throughout the state, helping individuals access a variety of resources, including housing, guardianship, health care benefits, substance abuse treatment, rep payee services and transportation.

## About RMHS

Rocky Mountain Human Services (RMHS) was founded in 1992 and is a nonprofit organization that offers person-centered case management and direct service programs for children, adults and veterans. RMHS believes that by empowering people with the resources they need to achieve their goals, Colorado will thrive as a strong, inclusive place where everyone can take part.



**COLORADO**  
Office of Behavioral Health  
Department of Human Services

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## Who Is Eligible for Momentum?

### Adult (21+)

Adults must meet at least one of the following:

- Current inpatient psychiatric hospitalization in an institute or acute hospital for one month or longer with significant barriers to discharge
- Current inpatient psychiatric hospitalization with at least two prior inpatient psychiatric admissions at an approved hospital or ATU in the past 12 months
- Defendants pleading “Not Guilty by Reason of Insanity” (NGRI) and currently hospitalized
- Defendants deemed “Incompetent to Proceed” (ITP) and currently hospitalized
- (Western Slope clients only): Current psychiatric hospitalization with a past history of psychiatric hospitalizations that resulted in barriers to discharge that have prohibited a successful transition into a home community



### Child/Adolescent (Age 20 and younger)

Must have a current behavioral health diagnosis and meet at least one of the following:

- Current inpatient psychiatric hospitalization lasting greater than 2 weeks
- Current inpatient psychiatric hospitalization with at least two prior inpatient psychiatric admissions at an approved hospital or ATU in the past 12 months
- Current involvement with 2 or more systems, such as juvenile justice, child welfare, school discipline, IEP and the youth is in need of transitional case management, services, and/or supports not funded by another source

## For More Information

Please submit referrals via the following methods.

- [CTreferrals@rmhumanservices.org](mailto:CTreferrals@rmhumanservices.org)
- Fax to 303-636-5635
- Call 303-636-5766
- [www.rmhumanservices.org/momentum-referral-form](http://www.rmhumanservices.org/momentum-referral-form)



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## AUTHORIZATION TO RELEASE AND SHARE PROTECTED HEALTH INFORMATION (PHI)

I hereby consent to and authorize Rocky Mountain Human Services and its employees to obtain from and share individually identifiable protected health information with the providers or organizations listed below, for the purpose(s) as described below. I may also use this form to request a copy of my records for my personal use.

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 Digits SSN: \_\_\_\_\_

I authorize the sharing of information between the parties described below.

<b>THE INFORMATION IS REQUESTED FROM:</b>
Name: Rocky Mountain Human Services-Momentum
Address:
City/State/Zip:

<b>THE INFORMATION IS TO BE PROVIDED TO:</b>
Name:
Address:
City/State/Zip:

**DESCRIPTION OF INFORMATION TO BE RELEASED:** Check all that apply

Indicate Specific Date or Date Range for Release	DATES:	Indicate Specific Date Range for Date for Release	DATES:
Demographic Information		Assessments/Evaluations	
Service/Treatment Plans/IEP's/IFSP's		Applications/Eligibility Determinations	
Other: (Specify)			

\* Excludes Psychotherapy Notes

**THE PURPOSE OF THIS DISCLOSURE IS:** Check all that apply

At Request of Client/Personal Use	Transition of Care/Planning
Service Coordination/Care Coordination	Eligibility Determination
Other: (Specify)	

I understand that information disclosed by this authorization except for Alcohol and Drug Abuse information as defined in 42 CFR Part 2 may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act Privacy rule (45 CFR Part 164) and the Privacy Act of 1974 (5 USC 552a). I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). I understand that this authorization is voluntary.

I also understand that I may revoke this authorization at any time. I further understand that any release of information prior to the rescinded date is legal and binding. I also understand that I may decline to sign this authorization and that my services will not be affected if I do not sign, except that for purposes of determining eligibility for services, eligibility may be denied if authorization is not given. I further understand that I may request a copy of this signed authorization and that I may see and copy the information described on this form if I ask for it. I understand that I may request a list of entities to which my information has been disclosed.

I understand that unless I specify an expiration date or condition, this authorization is valid for the period of time needed to fulfill its purpose, or for up to one year from date of signature. This authorization will expire on \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY).

I understand and agree that my electronic signature on this authorization is valid and is the legal equivalent of my handwritten signature.

(Signature of Client/Guardian)	(Date)
(Printed Name)	(Relationship to Client)
(Witness, If Required)	(Date)
<b>A photocopy of this release will be as valid as the original</b>	



# Notice of Privacy Practices (NPP) Acknowledgement of Receipt Form

This acknowledgement of receipt form verifies that you have received a copy of all eight (8) pages of the Rocky Mountain Human Services (RMHS) Notice of Privacy Practices (NPP) as it applies to protected health information (PHI) about you and how it may be used and disclosed, and how you can get access to this information. A signed copy of this form will be attached to your official record of service.

## OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI)

We understand that protected health information about you and your health is personal. Protecting protected health information about you is important. We create a record of the services that you receive through Rocky Mountain Human Services. We need this record to provide you with quality services and supports, and to comply with certain legal requirements. This notice applies to all records generated or maintained by Rocky Mountain Human Services.

## RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to an additional paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

**NOTE:** All RMHS Offices of Business have a display copy posted in their reception areas and are available upon request. You may also

obtain a copy of this notice at our website: [www.rmhumanservices.org](http://www.rmhumanservices.org)

## CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at all reception areas and on the RMHS website. The effective date is found on the first page of the Notice.

## PRIVACY OFFICER:

Dianne Clarke, RN, MBA, CFE, CPC, CPCO  
Compliance  
Rocky Mountain Human Services  
9900 E. Iliff Ave.  
Denver, CO 80231-3462  
Phone: (303) 636-5819  
Fax: (303) 636-5800  
Email: [dianneclarke@rmhumanservices.org](mailto:dianneclarke@rmhumanservices.org)

*I hereby acknowledge that I have received a copy of all eight (8) pages of the Rocky Mountain Human Services (RMHS) Notice of Privacy Practices (NPP) regarding my right to privacy. I understand that I may contact Rocky Mountain Human Services' Privacy Officer in the event that I have any questions about the Notice or if I have any concerns regarding the use or disclosure of my personal health information.*

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Printed Name of Customer

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Date

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Customer Signature

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Date

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Parent/Guardian Signature