Ryan White HIV/AIDS Program Part B (Area 7)

Mental Health Referral Form: Follow-Up

The mental health provider shall initiate this form following case conferencing with the case manager and then send the form to the case manager for completion. The case manager shall then return the completed form to the mental health provider. The referring agency and the mental health provider shall maintain a copy in the client's record.

This referral is valid for an additional 11 visits in the contract year, not to exceed 26 total visits.

Section 1. Request for Additional Visits (To be completed by the mental health provider)

Client Name: ______________________ **DOB:** ____________ **NOE Exp:** ____________

________ **Provider conducted case conferencing with case manager on:** ______________
Initial Date

Reason for request based on treatment plan:

Section 2. Authorization for Additional Visits (To be completed by the case manager)

________ **Provider conducted case conferencing with case manager on:** ______________
Initial Date

Has there been any change to the client's insurance? ☐ **Yes*** ☐ **No**

If Yes:

☐ Medicare ☐ Tricare ☐ Magellan ☐ Aetna

☐ Cigna ☐ UHC/Optum ☐ Blue Cross Blue Shield

*Attach copy of insurance card to confirm coverage

Authorized by: ______________________________________ ______________
Case Manager Name & Signature Date

This referral expires on the 31st of March of the current contract year.

The referring agency shall submit a new Initial Referral form to the mental health provider at the beginning of each contract year for clients requiring continued care.