PROVIDER REFERRAL PACKET
MINIMUM REQUIRED DOCUMENTS

Providers must complete this form when referring a member for outside services to ensure that all Mandatory and applicable Additional documents are included in the referral packet. Place a copy of the completed form in the referral packet and keep the original with the member's record. (CHECK THE APPLICABLE BOXES)

MANDATORY DOCUMENTS

- ❑ Assessment *(effective date defined as date initially signed by a staff member; must be completed within last 365 days, and signed by a Behavioral Health Professional (BHP) within 30 days of initial staff member (if not a BHP))*
- ❑ Individual Service Plan (ISP) *(effective date defined as date signed by member/guardian; must be completed within last 365 days, signed and dated by recipient/guardian and at least one staff member, based on a current and complete assessment, and the signature date must be on or after date the assessment was documented)*
    - Please note that the Service Plan requirements for Non-Titled XIX/XXI persons determined to have a Serious Mental Illness (SMI) that do not have an assigned Case Manager are unique compared to other populations. For more information, refer to Section 3.9, Assessment and Service Planning, of the ADHS/DBHS Provider Manual, *Magellan Health Services of Arizona* Edition.
- ❑ BHMP Note, including current medications and ICD diagnoses, if available *(if diagnoses are different from the assessment, the note must state the diagnoses have changed moving forward; otherwise the assessment diagnoses should be billed)*
- ❑ Member face sheet *(should not be used for diagnosis billing purposes)*
- ❑ Release of Information (Authorization to Use and Disclose PHI (AUD)) *(signed by member/guardian)*

Comments: _____

ADDITIONAL DOCUMENTS (Not Required for Referral)

❑ At Risk Crisis Plan (Adults)	❑ Not Applicable	❑ Crisis Plan (Children)	❑ Not Applicable
❑ Safety Plan	❑ Not Applicable	❑ CASII (Children)	❑ Not Applicable
❑ Court Ordered Treatment documentation	❑ Not Applicable	❑ Strength, Needs and Culture Discovery (Children)	❑ Not Applicable
❑ Documentation of guardianship	❑ Not Applicable	❑ Advance Directives (if completed)	❑ Not Applicable
❑ Special Assistance form (if completed)	❑ Not Applicable	❑ Outside Employment and Other Activities	❑ Not Applicable
❑ Member demographics	❑ Not Applicable	Other:	

Employee Name & Title: _____

Phone Number & Email: _____ Date: _____

Supervisor Name & Title: _____

Supervisor Phone Number & Email: _____

Supervisor Review & Approval: _____ Date: _____
(signature)