

Ryan White External Referral Plan of Care/Treatment Plan

Dental	Vision	Legal	Transportation	Mental Health Services	Substance Use Services	Linguistic Services
<input type="checkbox"/> IUSD	<input type="checkbox"/> IUSO-ECCO	<input type="checkbox"/> Robin Clay	<input type="checkbox"/> Almost4Minds (ambulatory/non-ambulatory, bus pass, gas cards) <input type="checkbox"/> Brothers United (bus pass)	<input type="checkbox"/> Damien Center <input type="checkbox"/> Step-Up	<input type="checkbox"/> Damien Center	<input type="checkbox"/> LUNA <input type="checkbox"/> Rosa's Nest (Spanish)
<u>Services</u> New/Ongoing Dental Evaluation Dentures Teeth Pulled Gum Inflammation Oral Pain <u>Tx Plan</u> Prevent oral infections and assess damaged mouth as a result of HIV or HIV treatment for increased positive health outcomes Reassess every 6 months	<u>Services</u> Blurry Vision/Routine Exam for glasses or prescription change Other Problem <u>Tx Plan</u> R/O CMV retinitis Needs to be able to see to read in order to have positive health outcomes Reassess every 6 months	<u>Services</u> End of life documents HIV discrimination (must have detailed explaining of discrimination) <u>Tx Plan</u> End of life documents Resolve discrimination issues Reassess every 6 months	<u>Services</u> Unable to get to appointments necessary to meet health or mental health needs; limited financial resources Lives outside Medicaid cab radius from appointment location <u>Tx Plan</u> Transportation assistance to following appointments to improve quality of life Reassess every 6 months	<u>Services</u> Difficulty coping with HIV diagnosis; assessment for mental health diagnosis. Client would benefit from mental health counseling <u>Tx Plan</u> Increase coping abilities around HIV diagnosis; enhance medical adherence Reassess every 6 months	<u>Services</u> Decrease substance use for more positive health outcomes; possible increase in adherence to HIV treatment. <u>Tx Plan</u> Increase coping abilities around HIV diagnosis; enhance medical adherence Reassess every 6 months	<u>Services</u> Translation services due to language barriers <u>Tx Plan</u> Increase patient access to Ryan White clinical and supportive services Reassess every 6 months

Client's Name: _____

Date: _____

Case Manager: _____	Date: _____
Client Signature: _____	Date: _____