Treasure Health Systems, Inc
3502 West Rogers Avenue Suite 8 Baltimore MD 21215
Tel: 443-825-7019 Fax: 443-632-9373 Email: admin@treasurecare.com

Adult Psychiatric Rehabilitation Program (PRP)
REFERRAL FORM

Client Name: ________________________________ MA#: _______________________DOB:______________ Race: _______________
Address: ____Phone #___________________________
I am referring the patient for the following services: ☐ PRP Program
This form must be filled out in its entirety in order to allow for medical necessity and authorization for services. Please do not add diagnoses to the form.

Behavioral Diagnoses

- ☐ 295.90/F20.9 Schizophrenia
- ☐ 295.40/F20.81 Schizophreniform Disorder
- ☐ 295.70/F25.1 Schizoaffective Disorder, Depressive
- ☐ 298.9/F29 Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
- ☐ 295.70/F25.0 Schizoaffective Disorder, Bipolar Type
- ☐ 298.8/F28 Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- ☐ 297.1/F22 Delusional Disorder
- ☐ 296.33/F33.2 MDD, Recurrent Episode, Severe
- ☐ 296.34/F33.3 MDD, Recurrent, With Psychotic Features
- ☐ 296.43/F31.13 Bipolar I, Most Recent Manic, Severe
- ☐ 296.53/F31.4 Bipolar I, Most Recent Depressed, Severe
- ☐ 296.40/F31.0 Bipolar I, Most Recent Hypomanic
- ☐ 296.7/F31.9 Bipolar I Disorder, Unspecified
- ☐ 296.44/F31.2 Bipolar I, Most Recent Manic, with Psychosis
- ☐ 296.54/F31.5 Bipolar I, Most Recent Depressed, w/o Psychosis
- ☐ 296.40/F31.9 Bipolar I, Most Recent Hypomanic, Unspecified
- ☐ 296.89/F31.81 Bipolar II Disorder
- ☐ 301.83/F60.3 Borderline Personality Disorder
- ☐ 301.22/F21 Schizotypal Personality Disorder
- ☐ 296.80/F31.9 Unspecified Bipolar Disorder

Primary Medical Diagnoses: ____
____

Social Elements Impacting Diagnosis

- ☐ None
- ☐ Educational
- ☐ Financial
- ☐ Access to Health Care
- ☐ Legal System/Crime
- ☐ Primary Support
- ☐ Housing Problems
- ☐ Occupational
- ☐ Other Psychosocial/Enviro.
- ☐ Social Environment
- ☐ Homelessness
- ☐ Unknown

If client does not have Medical Assistance: SS#____
This individual has a serious mental illness which has required the intervention of the Public Mental Health System in the last two years: Yes☐ No ☐

Individual experiences at least three of the following:
- ☐Inability to maintain independent employment
- ☐Social behavior that results in interventions by the mental health system
- ☐Inability to procure financial assistance due to cognitive disorganization
- ☐Severe inability to establish or maintain social supports
- ☐Need or assistance with basic living skills

Current Medications:____
Is the individual med compliant: ☐yes ☐no

Presenting Symptoms: Please include Hx of SI and HI
____
____

Criminal Hx- ☐yes ☐no
Reason for Referral:

1) **Self-care skills-** ☐Personal Hygiene, ☐Grooming, ☐Nutrition, ☐Dietary Planning, ☐Food Preparation, ☐Self-Administration Of Medication.
2) **Social Skills-** ☐Community Integration Activities, ☐Developing Natural Supports, ☐Developing Linkages with And Supporting The Individual's Participation In Community Activities.
3) **Independent living skills-** ☐Skills Necessary For Housing Stability, ☐Community Awareness, ☐Mobility And Transportation Skills, ☐Money Management, ☐Accessing Available Entitlements And Resources, ☐Supporting The Individual To Obtain And Retain Employment, ☐Health Promotion And Training, ☐Individual Wellness Self-Management And Recovery.

____
Most Recent Psychiatric Hospitalization Date

____ _________________________
Referring Mental Health Professional Signature and Credentials Date

____ ____
Referring Professionals Name Location and Phone Number

____ ____
Treating Psychiatrist Phone Treating Therapist Phone

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MEDICAL NECESSITY CRITERIA

Psychiatric Rehabilitation Program Services (PRP)

FACTORS OR CRITERIA JUSTIFYING THE NEED FOR PRP SERVICES

(Please check all that apply)

☐

1. The client's mental illness is the cause of serious dysfunction in one or more life domains (home, school, community). Please site examples of dysfunction in one or more life domain.

____
____
____

Based on the clinical evaluation and ongoing treatment plan, PRP services are indicated and are expected to reduce the symptoms of the client's mental illness or the functional behavioral impairment that is a result of the mental illness.

2. The impairment as a result of the client's mental illness results in:

   ☐ a) A clear, current threat to the individual's ability to be maintained in his or her customary setting, or

   ☐ b) An emerging/pending risk to the safety of the individual or others, or

   ☐ c) Other evidences of significant psychological or social impairment

   such as inappropriate social behavior causing serious problems with peer relationships and/or family members.

   Please site examples of impairments.

   ____
   ____

☐ 3. The individual, due to dysfunction, is at risk for requiring a higher level of care, or is returning from a higher level of care.

4. Either:

   ☐ a) There is clinical evidence that the current intensity of outpatient treatment will not be sufficient to reduce the client's symptoms and functional behavioral impairment resulting from the mental illness and restore him or her to an appropriate functional level, or prevent clinical deterioration, or avert the need to initiate a more intensive level of care due to current risk to the individual or others.

Please explain:

____
____

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Medical Necessity Criteria
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OR

☐ b) For individuals transitioning from an inpatient, day hospital or residential treatment setting to a community setting there is clinical evidence that PRP services will be necessary to prevent clinical deterioration and support successful transition back to the community, or avert the need to initiate or continue a more intensive level of care. Therapist will make referral to PRP program. The client will be connected with an Outpatient Mental Health Center or mental health provider.

Please explain:
____
____
____

☐ 5. The individual's disorder can be expected to improve through medically necessary rehabilitation or there is clinical evidence that this intensity of rehabilitation is needed to maintain the individual's level of functioning; and

☐ 6. The individual is judged to be in enough behavioral control to be safe in the rehabilitation program and benefit from the rehabilitation provided.

PRP SERVICE REQUIREMENTS

☐ 1. Outpatient mental health services and social supports should be identified and available to the individual outside the program hours and the individual or the individual's parent/guardian should be capable of seeking them when needed when the individual is not attending the rehabilitation program.

☐ 2. There is a documented crisis response plan both inside and outside of program hours coordinated with the primary mental health clinician treating the individual that indicates clear responsibility for the mental health clinician and rehabilitation program.

______________________________	______________________________
Name of Client	**Referring Clinician Signature**
______________________________	______________________________
Diagnosis	**Date**