Sheppard Pratt

Rehabilitation and Recovery Referral Packet

Referral For:

☐ **Psychiatric Rehabilitation Program (PRP) -** Strengths-based recovery-oriented on and off-site adult services include skill training, assistance with medication monitoring, socialization, preparation for employment, money management, assistance with daily living skills, etc. (Onsite and / or Offsite Available)

☐Anne Arundel ☐ Baltimore City ☐ Baltimore County ☐ Carroll ☐ Frederick ☐ Harford ☐ Howard ☐ Montgomery ☐ Prince George's ☐ Washington Co.

☐ **Assertive Community Treatment (ACT) -** Evidenced-based practice model designed to promote positive treatment and rehabilitation outcomes for individuals who have not benefited from traditional outpatient treatment and rehabilitation services. Program staff is comprised of mobile psychiatric, nursing, social work, substance abuse, peer support, vocational and paraprofessionals. **Individuals cannot be authorized for any other community based service while served by the ACT Team.*

☐ Baltimore City ☐ Frederick ☐ Harford ☐ Howard ☐ Washington

☐ **Community Employment Program (CEP) (Vocational)** Evidence-based practice supported employment services encompass job development and placement supports, on and off-site job coaching, long term ongoing job maintenance supports, along with comprehensive benefits counseling to promote economic and social independence through success in the work environment of the individual's choice.

☐ Baltimore City ☐ Baltimore County ☐ Carroll ☐ Frederick ☐ Howard ☐ Montgomery ☐ Prince George's ☐ Washington County

☐ **Residential Treatment Center (RTC)** Intensive, individualized residential care for adults with BlueCross BlueShield or paying privately. Services are 24/7 and include a variety of specialized treatment for mental health and behavioral disorders. Treatment options include a wide range of individualized care.

☐ Baltimore County ☐ Frederick County

Referral Cover Page and Instructions:

- **For PRP referrals, please complete page 2, 3, 4 & 5**. Mental Health Professional form must be completed. Licensed Graduate or Masters level staff making referrals must be under formal supervision as required by their respective professional boards. The supervisor does not need to sign the referral but must be listed on the authorization request. Must include active Maryland Medicaid registered NPI number.
- **For ACT referrals, please complete pages 2 & 6 and attach any pertinent documentation to support the referral.**
- **For Community Employment Program referrals, please complete pages 2, 3, 4, 5 & 7**
- Maryland Public Behavioral Health System requires a **Priority Population** diagnosis for all referrals to PRP, ACT, and CEP. Details can be found on page 8, or by visiting Maryland.Optum.com
- RTC referrals must have BlueCross/BlueShield or pay privately and **should include supporting documents/records.** Please see page 9 for admission criteria.
- **Please submit referrals or inquiries to referrals@sheppardpratt.org, fax: 443-612-1400, or phone: 410-453-9700**

*In the unfortunate event that a waiting list exists, both the referred individual and the referral source will be immediately notified of the approximate wait time and alternative resources. Both will continue to be updated regularly until the individual has been contacted by the intake or program coordinator for an intake.

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Referral Form **Demographic Information:** **Date:**_____

Name: _____ **Date of Birth**: _____

First Middle Initial Last **Social Security Number:**_____

Address:_____
Street/P.O. Box City State County Zip

Phone: (Cell) _____ (Home) _____

US Citizen or Legal Resident: ☐ Yes ☐ No ☐ **Homeless** ☐ **At Risk of Homelessness** **Marital Status**:_____

Does individual have a: **Legal Guardian:** ☐ Yes ☐ No **Power of Attorney:** ☐ Yes ☐ No

Has Guardian been notified of this referral? (please provide the guardianship documents or POA) ☐ Yes ☐ No

Is the client aware of this referral? ☐ Yes ☐ No **Is the client a Veteran?** ☐ Yes ☐ No

Gender idendity: ☐ Male ☐ Female ☐ Gender Fluid ☐ Transgender Male ☐ Transgender Female ☐ Genderqueer

Race: ☐ White ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ American Indian or Alaska Native ☐ Other:_____

Ethnicity: ☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino: (circle) Central American, Cuban, Dominican, Mexican/Chicano, Puerto Rican, South American **Interpreter needed**: ☐ Yes ☐ No Please specify language: _____

Income Sources and Amounts: SSI_____, SSDI_____, PAA_____, Food Stamps_____, Other_____ **Rep Payee** ☐ Yes ☐ No

Insurance: Medical Assistance (Medicaid)#_____, Medicare#_____
Private Insurance ☐ Yes ☐ No

What is the primary priority population diagnosis? _____

ICD 10 Code(s): _____

Current Legal Status (i.e. parole, probation, conditional Release, etc)_____

Primary Behavioral Health reasons for referral: _____
_____
_____

Barriers to Independence: _____

Somatic Health and needs for Assistive Technology: _____
_____

Risk Taking Behaviors (incl Hx of Violence, Aggression, and Substance Abuse): _____
_____
_____

Referral Source:
Name, credentials: _____ **Signature**: _____

Facility (if applicable): _____ **Phone or email:** _____
NPI Number of referring Clinician (Enrolled as a Maryland Medicaid with active status today):

_____

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Mental Health Professional Form

The Maryland Behavioral Health Administration requires a referral by a mental health professional for all adults being referred to or receiving Psychiatric Rehabilitation Program (PRP) services. These referral must be provided every six months. In addition, these providers are required to maintain an up-to-date diagnosis for each participant. This document permits mental health professionals to submit both requirements in a single document.

I am verifying that _____continues to need services from Sheppard Pratt's Psychiatric Rehabilitation Program. Services needed include assessment and continued on-site and/or off-site psychiatric rehabilitation services and crisis management. This service is medically necessary to facilitate the client's wellness and recovery and is based on my assessment of need in the following areas:

Please check all that apply.

- ☐ Inability to establish or maintain employment (pattern of unemployment, underemployment or sporadic work history)
- ☐ Inability to perform instrumental activities of daily living (shopping, meal preparation laundry, basic housekeeping, medication management, transportation and money management)
- ☐ Inability to establish or maintain personal relationships (social withdrawal or isolation, interpersonal conflict or social behavior, other than criminal that is not easily tolerated by the community)
- ☐ Deficiencies of concentration, persistence, or pace (failure to complete in a timely manner tasks commonly found in work, school or home settings)
- ☐ Inability to perform or maintain self-care (hygiene, grooming, nutrition, medical are, personal safety)
- ☐ Deficiencies in self-direction (inability to independently plan, initiate, organize and carry out goal directed activities)
- ☐ Inability to procure financial assistance to support community living

Please briefly describe specific symptoms of the client's primary diagnosis and how they affect functioning in the areas identified above:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Sheppard Pratt

Status of Less Intensive Levels of Treatment

What other services have been offered or attempted for treatment?

[ ] Group Therapy [ ] Targeted Case Management [ ] Individual Therapy [ ] Peer Support Services [ ] Informal Support (such as family)

If unsuccessful or not attempted, why not?

_____

_____

Client Employment Information *Is the individual employed?* [ ] Yes [ ] No

H*as the individual been referred to supported employment services?* [ ] Yes [ ] No

If yes, please describe the client's needs for both PRP and supported employment services:

_____

_____

Previous and Planned Treatment *Previous two appointment dates:*_____

Please briefly describe planned ongoing treatment: _____

_____

Medications - *Is the client prescribed medications for psychiatric treatment?* [ ] Yes [ ] No

If no, why are medications not being used as part of treatment?

_____

_____

Please list any medications prescribed for psychiatric treatment, including name, dosage, and frequency:

_____

_____

_____

_____

_____

_____



Authorizations require an ICD-10 diagnosis. Please provide the information below for authorization.

Primary ICD-10 Behavioral Health Diagnosis

Code _____ Description: _____

Has the client being referred demonstrated marked functional impairments related to their primary diagnosis for at least 2 years?

[ ] Yes
[ ] No

If no, is the primary diagnosis a new onset (within the past six months)?

[ ] Yes
[ ] No

Additional ICD-10 Behavioral Health Diagnosis

Code _____ Description: _____
Code _____ Description: _____
Code _____ Description: _____
Code _____ Description: _____

Medical Diagnosis: _____

_____ _____
Signature and Title/Licensure of Mental Health Professional Date

_____
Clinician Name Printed

_____
Masters or Graduate Level Supervisor Name, if applicable

_____
NPI # (**must be enrolled as a Maryland Medicaid provider with active status today)**

*Referring clinicians must participate in the Maryland Medicaid program

Type of provider (please check the appropriate box):

[ ] Inpatient/Crisis Residential/Mobile/ACT/RTC/Incarceration

[ ] Outpatient

[ ] Neither

Guidelines for referral to Assertive Community Treatment (ACT)

Admission criteria: All of the following criteria are necessary for admission: *Please include additional information/documentation, as needed, to support the referral. If individual is currently hospitalized please include admission assessment.

- ☐ The participant has a PBHS specialty mental health DSM 5 diagnosis included in the **priority population**, which is the cause of significant psychological, personal care, and social impairment.

The impairments result in at least one of the following (please check all that apply):

- ☐ A clear, current threat to the participant's ability to live in his/her customary setting, or the participant is homeless and would meet the criteria for a higher level of care if ACT/MTS services were not provided.
  Describe:_____
  _____
- ☐ Is in a state institution or inpatient psychiatric facility and with the introduction of ACT/MTS level of care would be able to return to living in his/her customary setting.
  Describe:_____
  _____
- ☐ An emerging risk to self, property, or others, or the participant would experience heightened risk in these areas if mobile treatment services were not provided.
  Describe:_____
  _____
- ☐ Inability to engage in, participate in, and benefit from traditional outpatient treatment.
  Describe attempts with outpatient treatment:_____
  _____

Inability to form a therapeutic relationship on an ongoing basis as evidenced by one or more of the following (check all that apply):

- ☐ Frequent use of emergency rooms/crisis services for psychiatric reasons.;
  Describe recent history of ED, crisis services or inpatient stays_____
  _____
- ☐ A pattern of repeated psychiatric inpatient facility admissions or long-standing psychiatric hospitalizations.
  Describe:_____
  _____
- ☐ Arrest for reasons associated with the participants mental illness.
  Describe:_____
  _____

Most Recent Prescriber and Therapist:_____

Psychiatric Treatment History (where, reason, and dates starting with most recent): _____

_____

Current Medications (psychotropic and somatic): _____

_____

_____

Community Employment Program (CEP)

Vocational Services

Please complete the following additional information if referring to vocational services:

List any special accommodations needed: _____

Therapist: _____ Phone #: _____

Agency/Address: _____

Psychiatrist: _____ Phone #: _____

Agency/Address: _____

DORS Counselor (if applicable): _____ Phone #: _____

Current Employment Status: O Employed O Unemployed O Volunteer

List Employment Experiences: _____

_____

Describe any problems or difficulties experienced with work: _____

_____

Employment Goal: _____

1. Is the individual interested in competitive employment and have a desire to work in the community? Yes/No
2. Is the individual willing to participate in Supported Employment services? Yes / No
3. Does the individual need ongoing help to choose, obtain, maintain, or advance in employment? Yes / No
4. If the individual is employed, do they need help maintaining their job? Yes/No
5. If the individual does not have an open case with DORS, is he/she willing to be referred? Yes / No

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Priority Population Diagnoses

Applies to PRP, ACT, and Vocational Services: individual meets DSM-5 diagnostic criteria for a Public Behavioral Health System (PBHS) specialty mental health diagnosis in the Priority Population

F20.0 Paranoid Schizophrenia

F20.1 Disorganized Schizophrenia

F20.2 Catatonic Schizophrenia

F20.3 Undifferentiated schizophrenia

F20.5 Residual schizophrenia

F20.81 Schizophreniform Disorder

F20.89 Other schizophrenia

F20.9 Schizophrenia, unspecified

F22 Delusional Disorders

F25.0 Schizoaffective Disorder, Bipolar Type

F25.1 Schizoaffective Disorder, Depressive Type

F25.8 Other Schizoaffective Disorders

F25.9 Schizoaffective Disorder, unspecified

F28 Other Specified Schizophrenia Spectrum and Other Psychotic Disorder

F29 Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

F31.0 Bipolar I Disorder, Current or Most Recent Episode Hypomanic

F31.13 Bipolar I Disorder, Current or Most Recent Episode Manic, Severe

F31.2 Bipolar I Disorder, Current or Most Recent Episode Manic, With Psychotic Features

F31.4 Bipolar I Disorder, Current or Most Recent Episode Depressed, Severe

F31.5 Bipolar I Disorder, Most Recent Episode Depressed, With Psychotic Features

F31.63 Bipolar I Disorder, Mixed, Severe, Without Psychotic Features

F31.64 Bipolar I Disorder, Mixed, Severe With Psychotic Features

F31.81 Bipolar II Disorder

F31.9 Bipolar I Disorder, Unspecified

F33.2 Major Depressive Disorder, Recurrent Episode, Severe

F33.3 Major Depressive Disorder, Recurrent Episode, With Psychotic Features

F60.3 Borderline Personality Disorder

-and-

In order to be included in the PRIORITY POPULATION, individuals must meet the target diagnostic criteria and meet the following functional limitations:

1. Serious mental illness is characterized by impaired role functioning, on a continuing or intermittent basis, for at least two years, including at least three of the following:

    Inability to maintain independent employment,

    Social behavior that results in interventions by the mental health system,

    Inability, due to cognitive disorganization, to procure financial assistance to support living in the community,

    Severe inability to establish or maintain a personal support system, or

    Need for assistance with basic living skills.

The diagnostic criteria may be waived for the following two conditions:

1. An individual committed as not criminally responsible who is conditionally released from a Mental Hygiene Administration facility, according to the provisions of Health General Article, Title 12, Annotated Code of Maryland. Or 2. An individual in a Mental Hygiene Administration facility with a length of stay of more than 6 months who requires RRP services, but who does not have a target diagnosis. This excludes individuals eligible for Developmental Disabilities services.

Milliman Criteria for Admission to RTC Level of Care

Admission to **Residential Level of Care for Adult** is indicated due to **ALL** of the following

Patient risk or severity of behavioral health disorder is appropriate to proposed level of care as indicated by **1 or more** of the following(1)(2)(3)(4)(5):

- Danger to self for adult
- Danger to others for adult
- Behavioral health disorder is present and appropriate for residential care with **ALL** of the following:
    - **Moderately severe** psychiatric, behavioral, or other comorbid conditions for adult
    - Serious dysfunction in daily living for adult
- Treatment services available at proposed level of care are necessary to meet patient needs and **1 or more** of the following:
    - Specific condition related to admission diagnosis is present and judged likely to further improve at proposed level of care.
    - Specific condition related to admission diagnosis is present and judged likely to deteriorate in absence of treatment at proposed level of care.
    - Patient is receiving continuing care (e.g. transition of care from more or less intensive level of care).
- Situation and expectations are appropriate for residential care for adult as indicated by **ALL** of the following(1)(2)(5):
    - Recommended treatment is necessary, appropriate, and not feasible at lower level of care (e.g., less intensive level is unavailable or not suitable for patient condition or history).
    - Very short-term crisis intervention and resource planning for further care at nonresidential level is unavailable or inappropriate.
    - Patient is willing to participate in treatment within highly structured setting voluntarily (or attend due to court order)
    - There is no anticipated need for physical restraint, seclusion, or other involuntary control (e.g., patient not actively violent).
- Medical or nursing care services to address primary admission diagnosis are available, as indicated by **1 or more** of the following:
    - No anticipated need for around-the-clock medical or nursing monitoring (i.e., comorbid medical, psychiatric, or behavioral conditions are absent or are of minimal severity, and are not expected to interfere with recovery)
    - Active (but not around-the-clock) monitoring of patient by staff needed, and medical or nursing care can easily be provided if need arises (i.e., comorbid medical, psychiatric, or behavioral conditions have potential to distract from treatment)
    - Around-the-clock medical or nursing monitoring needed, but intensive treatment and resources of licensed hospital are not anticipated (i.e., due to severity of primary admitting diagnosis, or presence of active comorbid medical, psychiatric, or behavioral conditions that are distracting from treatment)
    - Patient has sufficient ability to respond as planned to individual and group therapeutic interventions
    - Biopsychosocial stressors have been assessed and are absent or manageable at proposed level of care (e.g., any identified deficits can be managed by program directly or through alternative arrangements)

*BlueCross BlueShield and Private Pay are accepted for this level of care.