



Mosaic

COMMUNITY
SERVICES

Date:

Dear Mental Health Professional,

Attached is the Referral Form required to receive PRP services from Mosaic Community Services. The following is required to complete the application process:

- ◆ Completed Referral Form
- ◆ Medical Records providing a psychosocial and diagnostic summary

Please fax the above information to my attention at (443) 612-1400. Upon its receipt, I will contact you to schedule an intake appointment. Please feel free to contact me at 410-453-9700 or email referrals@mosaicinc.org with any questions. I look forward to working with you.

Sincerely,
Mosaic Community Services
Intake Coordinator

Mosaic Community Services
PRP Referral Form

Referral Source Information:
Referral Source Name _____ Phone Number: _____
Referral Source Agency _____ Referral Date: _____

GENERAL INFORMATION:

Full Name _____ Date of birth _____
Address _____ SSN _____
_____ Phone Number _____
Emergency Contact Name _____ Relationship _____
Address _____ Home number _____
_____ Work number _____
Does this client have a guardian of person or property? NO Yes (please include documentation of guardianship) Has the guardian been notified regarding this referral? NO YES
Marital Status Married Divorced Separated Never Married Widowed
Number of children _____ Do the children live with the client Yes No
Support system _____
Residential Arrangement: Care Provider With Relative(s) Homeless/Shelter
 Group Home Lives Alone in community Other _____
Is client employed? Yes No If yes Full-time Part-time
Place of Employment _____ Phone number _____
INSURANCE / FINANCIAL INFORMATION
Medical Assistance Number _____
If the client does not have Medical Assistance what was the date of application _____
Medicare Number _____
Other Insurance Yes No If yes, name of insurance carrier _____
Monthly Income _____ Source of income _____

LEGAL HISTORY:

Has the client been arrested? Yes No
List any convictions _____
Is client on probation? Yes No Parole? Yes No Found NCR? Yes No
Probation/Parole officer's name _____ Contact Number _____

CLINICAL INFORMATION:

Authorizations require a DSM 5 Diagnosis

Primary DSM 5 Behavioral Health Diagnosis:

Description: _____ Code _____

Additional Dx: _____ Code _____

Additional Dx: _____ Code _____

Additional Dx: _____ Code _____

Medical Diagnosis: _____ Date: _____

Allergies: _____

Current Medications including dosage and frequency: _____

Medication compliance history _____

Total number of hospitalizations _____

Date and location of most recent hospitalization _____

Reason for admission _____

History of violence (please explain) _____

Any known Risk Taking Behavior? (i.e. recent suicide attempt, etc.) _____

Please specify the clinical symptoms that indicate the need for Mosaic's PRP services:

SUBSTANCE ABUSE HISTORY:

Substance

Duration of Use/ Frequency of Use

Does client attend () NA or () AA? Location _____ Freq. _____

Has client received inpatient or outpatient substance abuse treatment? () Yes () No

If yes, date and location:

TREATMENT PROVIDERS:

Primary Care Physician _____	Contact Number _____
Organization _____	
Address _____	
Psychiatrist and/ or Therapist _____	Contact Number _____
Organization _____	
Address _____	
Already a client at Mosaic? Location of Clinic: _____	
Psychiatrist: _____	
Therapist: _____	
Service Coordinator: _____	Phone No. _____

PRP Services

- | | | |
|---|--|--|
| <input type="checkbox"/> Timonium
1931 Greenspring Drive
Timonium, MD 21093 | <input type="checkbox"/> Catonsville
20 Winters Lane
Catonsville, MD 21228 | <input type="checkbox"/> Westminster
288 East Greene Street
Westminster, MD. 21157 |
| <input type="checkbox"/> North Charles Street
2225 N. Charles Street | <input type="checkbox"/> PRP Rosedale
9201 Philadelphia Rd. | |
| <input type="checkbox"/> Harford - 4510 Wharf Point Road, Belcamp, MD 21017 | | |

I am interested in: Day program In Home Support Services

Vocational Services

- | | |
|---|---|
| <input type="checkbox"/> 1925 Greenspring Drive
Timonium, MD 21093 | <input type="checkbox"/> 288 East Green Street
Westminster, MD 21157 |
| <input type="checkbox"/> North Charles Street | <input type="checkbox"/> Harford - 4510 Wharf Point Road, Belcamp, MD 21017 |

I am interested in: Supported Employment Services Career Center
DORS Counselor: _____ Phone #: _____
Employment Goal: _____

Is the individual interested in competitive employment and have a desire to work in the community?
YES NO

Is the individual willing to participate in Supported Employment services? YES NO
Does the individual need ongoing help to choose, obtain, maintain, or advance in employment? YES NO

If the individual does not have an open case with DORS, is he/she willing to be referred? YES NO
Any known risk taking behavior? (i.e. recent suicide attempt, etc.) _____
List any special accommodations needed: _____

*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 every two weeks until the individual has been contacted by the intake or program coordinator for an intake.
*referral to vocational services is an OPTIONAL additional to the PRP referral.



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Dear Referring Professional,

Beginning June 28, 2014, ValueOptions is requiring DSM 5 diagnosis codes for behavioral health diagnosis.

For authorizations they will require the **primary** behavioral health diagnosis using the DSM 5 Code and Description and any additional behavioral health diagnosis using the DSM 5 Code and Description.

Additionally the authorization screen requests medical diagnosis, social elements impacting diagnosis, and functional assessment scores. The functional assessment information will be optional at this time.

During the transition we may need to contact you regarding your referral. We ask for your patience and understanding. We want to process referrals as promptly and efficiently as possible. Your assistance will enable us to be able to continue to this.

If you have any questions please feel free to contact Mosaic Community Services by phone at 410-453-9700 or by email at referrals@mosaicinc.org. We look forward to working with you.

Sincerely,

Mosaic Community Services

Attachment #2 Priority Population Diagnoses – Adults

Please use the Priority Population Diagnoses listed below as the primary diagnosis (es) for the applicant.

DSM-5 Diagnosis	ICD-9 CODE	ICD-10 CODE
Schizophrenia	295.90	F20.9
Schizophreniform Disorder	295.40	F20.81
Schizoaffective Disorder, Bipolar Type	295.70	F25.0
Schizoaffective Disorder, Depressive Type	295.70	F25.1
Other Specified Schizophrenia Spectrum and Other Psychotic Disorder	298.8	F28
Unspecified Schizophrenia Spectrum and Other Psychotic Disorder	298.9	F29
Delusional Disorder	297.1	F22
Major Depressive Disorder, Recurrent Episode, Severe	296.33	F33.2
Major Depressive Disorder, Recurrent Episode, with Psychotic Features	296.34	F33.3
Bipolar I Disorder, Current or Most Recent Episode, Manic	296.43	F31.13
Bipolar I Disorder, Current or Most Recent Episode, Manic, with Psychotic Features	296.44	F31.2
Bipolar I Disorder, Current or Most Recent Episode, Depressed, Severe	296.53	F31.4
Bipolar I Disorder, Current or Most Recent Episode, Depressed, with Psychotic Features	296.54	F31.5
Bipolar I Disorder, Current or Most Recent Episode, Hypomanic	296.40	F31.0
Bipolar I Disorder, Current or Most Recent Episode, Hypomanic, Unspecified	296.40	F31.9
Bipolar I Disorder, Current or Most Recent Episode, Unspecified	296.7	F31.9
Unspecified Bipolar and Related Disorder	296.80	F31.9
Bipolar II Disorder	296.89	F31.81
Schizotypal Personality Disorder	301.22	F21
Borderline Personality Disorder	301.83	F60.3
<u>The diagnostic criteria may be waived for either one of the following two conditions:</u>		
1. An individual committed as not criminally responsible who is conditionally released from a Mental Hygiene facility, according to the provisions of Health General Article, Title 12, Annotated Code of Maryland	Please check if applicable: <input type="checkbox"/>	
2. An individual in a Mental Hygiene facility with a length of stay of more than 6 months who requires RRP services. <i>This excludes individuals eligible for Developmental Disabilities services.</i>	Please check if applicable: <input type="checkbox"/>	

Substance Use Disorders

Please use the Substance Use Disorders if the applicant has a co-occurring disorder. This should not be the primary diagnosis. ***The primary diagnosis must be one or more of the Priority Population diagnoses listed above.***

Substance Use Disorders	ICD-9 CODE	ICD-10 CODE
Alcohol Use Disorder – Mild	305.00	F10.10
Alcohol Use Disorder – Moderate	303.90	F10.20
Alcohol Use Disorder – Severe	303.90	F10.20
Cannabis Use Disorder – Mild	305.20	F12.10
Cannabis Use Disorder – Moderate	304.30	F12.20
Cannabis Use Disorder – Severe	304.60	F12.20
Opioid Use Disorder – Mild	305.50	F11.10
Opioid Use Disorder – Moderate	304.00	F11.20
Opioid Use Disorder – Severe	304.00	F11.20
Stimulant-Related Disorder – Cocaine – Mild	305.60	F14.10
Stimulant-Related Disorder – Cocaine – Moderate	304.20	F14.20
Stimulant-Related Disorder – Cocaine – Severe	304.20	F14.20
Stimulant-Related Disorder – Amphetamine-type substance – Mild	305.70	F15.10
Stimulant-Related Disorder – Amphetamine-type substance – Moderate	304.40	F15.20
Stimulant-Related Disorder – Amphetamine-type substance – Severe	304.40	F15.20
Tobacco Use Disorder – Mild	305.1	Z72.0
Tobacco Use Disorder – Moderate	305.1	F17.200
Tobacco Use Disorder – Severe	305.1	F17.200
Other (or Unknown) Substance Use Disorder – Mild	305.90	F19.10
Other (or Unknown) Substance Use Disorder – Moderate	304.90	F19.20
Other (or Unknown) Substance Use Disorder – Severe	304.90	F10.20