



# 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)

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

**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.

Allegany  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. 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.
- For **ACT referrals**, please complete pages 2 & 4
- For **Community Employment Program referrals**, please complete pages 2 & 5
- Maryland Public Behavioral Health System requires a **Priority Population** diagnosis for all referrals to PRP, ACT, and CEP. Details can be found on page 6, or by visiting Maryland.Optum.com
- RTC referrals must have BlueCross/BlueShield or pay privately. Please see page 7 for admission criteria.
- Please submit referrals or inquiries to [referrals@sheppardpratt.org](mailto: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.



Sheppard Pratt

Referral Form

Demographic Information:

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

Gender identity:  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)#\_\_\_\_\_, Private Insurance  Yes  No

What is the primary priority population diagnosis? \_\_\_\_\_

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: \_\_\_\_\_



# Sheppard Pratt

## 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 care, 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 the client's need for PRP services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

### Primary ICD-10 Behavioral Health Diagnosis

Code \_\_\_\_\_ Description: \_\_\_\_\_

### 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

COMAR requires all Residential Rehabilitation, Psychiatric Rehabilitation, and Community Employment providers obtain a referral from a fully licensed mental health professional at the time of referral and every 6 months thereafter.



## Guidelines for Referral to Assertive Community Treatment (ACT)

**Principals for ACT/MTS:** ACT / Mobile Treatment Services (MTS) are designed for adults with serious mental disorders who exemplify a lack of adherence to traditional services and vulnerability. ACT provides treatment in the least intensive setting that is able to meet the participant's clinical needs. These services are provided by a multidisciplinary treatment team and are available to the participant on a 24/7 basis. When participants have a mental disorder that requires professional evaluation and treatment, they should be treated in the least intensive setting able to meet their medical needs. Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

**Admission criteria:** All of the following criteria are necessary for admission:

- 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:

- 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 mobile treatment services were not provided; or is in a state institution or inpatient psychiatric facility and with the introduction of mobile treatment level of care would be able to return to living in his/her customary setting.
- 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.
- Inability to engage in, participate in, and benefit from traditional outpatient treatment.

Inability to form a therapeutic relationship on an ongoing basis as evidenced by one or more of the following:

- Frequent use of emergency rooms/crisis services for psychiatric reasons;
- A pattern of repeated psychiatric inpatient facility admissions or long-standing psychiatric hospitalizations; or
- Arrest for reasons associated with the participants mental illness.

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

- A participant committed as not criminally responsible who is conditionally released from a BHA facility;
- Or, a participant in a BHA facility or a BHA-funded inpatient psychiatric hospital that requires community services. This excludes participants eligible for Developmental Disabilities Administration's residential services.

Most Recent Prescriber and Therapist: \_\_\_\_\_

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

Current Medications (psychotropic and somatic): Name of medication: \_\_\_\_\_



## 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:  Employed  Unemployed  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

### 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)(3)(4)(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.