

Please complete the following service referral to its entirety.

MD regulations require our clients to have this form completed 2x annually, minimum, for continued PRP services.

Now serving: Anne Arundel County, Baltimore County, Baltimore City, Howard County, & Prince George's County

Information about the individual being referred

First Name, MI, Last Name	Active MD Medicaid	Date of Birth
Home Address (number, street, apartment number, City, State, Zip)		Phone Number

Psychiatric Rehabilitation Program Accepted Primary Dx

F20.0 F20.1 F20.2 F20.3 F20.5 F20.81 F20.89 F20.9 F22 F25.0 F25.1 F25.8 F25.9 F28
F29 F31.0 F31.13 F31.2 F31.4 F31.6 F31.63 F31.64 F31.81 F31.9 F33.2 F33.3 F60.3

Primary ICD-10 Diagnosis Code, Fully written:	Changes and/or Additional Diagnoses:
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Why is PRP being recommended in addition to outpatient mental health treatment/modalities?

Referral Source Information

Psychiatrist or Licensed Mental Health Provider

Your Name and Credentials	Phone Number
Organization Name	Fax Number
Address (number, street, suite number, city, state, zip)	Email

I am referring this individual to receive Psychiatric Rehabilitation Services from Advocate Support Services. I believe that there is a reasonable expectation that these services will help this individual to improve and/or maintain independence and current functional level in the community.

Accepted Credentials: APRN-PMH, CRNP-PMH, LCADC, LCMFT, LCPAT, LCPC, LCSW-C, MD, DO, PhD, PsyD, LMSW, LGSW, LGPC, LGADC, LGMFT, LGPAT

Referral Source Signature	Credentials	Date
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This box is only necessary if signing referral source credentials are: LMSW, LGSW, LGPC, LGADC, LGMFT or LGPAT
Please list supervisor's Name & Credentials

Appendix C – Priority Population – Adults

SEVERELY MENTALLY ILL

PRIORITY POPULATION DEFINITION - ADULTS (SMI)

Revised 9/1/03, 3/10/14, 7/8/14, 8/26/20, 1/12/21 Reviewed 05/10/07, 1/25/10

INCLUDED DIAGNOSES ICD-10 diagnosis codes:

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:

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.