



Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc.
741 Annapolis Rd, Gambrills, MD 21054
(410) 975-0067

Psychiatric Rehabilitation Program (PRP) Referral Application

Carelon Maryland: 800-888-1965 | Provider NPI: 1437703139
Attending Physician: Nicholas Scotto, MD / Melissa Ward, CRNP, FNP-C, PMHNP-BC
Utilization Review: Zak Hart
Fax Referrals to (410) 975-0204

Client Name: _____ Date of Application: _____

DOB: ____/____/____ (client must be an adult – over 18 – to participate) SSN: ____-____-____

Address: _____ County of Residence: _____

City/State/Zip: _____ Phone: _____

Gender: ____ Race: ____ Ethnicity: ____ Marital Status: ____ Highest Level of Education: _____

Employment Status: _____ Veteran? Yes ☐ No ☐ If yes, which war: _____

Have there been any arrests in past 30 days? Yes ☐ No ☐ If yes, how many? _____

Insurance Type: _____ Insurance ID #: _____

Does the client have a legal guardian? Yes ☐ No ☐

If client has a legal guardian, please provide the guardian's information:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

****Please note: Services cannot begin unless proof of legal guardianship is provided.****

Reason for Referral (Client Needs and Presenting Problem)

DSM 5 Diagnosis: _____

Preferred Day/Time of Appointments: _____

Other Preferences: _____

Suicide Risk: ____ Danger to Self or Others: ____ Urgent/Critical Medical Condition: ____ Immediate Threat(s): _____

Past Psychiatric Admission(s): Yes ☐ No ☐ Previous Outpatient Treatment: Yes ☐ No ☐

Referral Source

Name: _____ Title: _____

Organization: _____ Phone: _____

Referral Source Signature (with credentials): _____ Date: _____

43 Community Place
Crownsville, MD 21032
(410) 571-4500

1226 Annapolis Road
Odenton, MD 21113
(410) 571-4500

1230 Annapolis Road
Odenton, MD 21113
(410) 874-1236

741 Annapolis Road
Gambrills, MD 21054
(410) 975-0067

Medical Necessity Criteria

Psychiatric Rehabilitation Program Services (PRP)

Name of Client

Referring Clinician Signature

Diagnosis

Date

FACTORS OR CRITERIA JUSTIFYING THE NEED FOR PRP SERVICES

(Please check all that apply)

- ☐ 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.

- ☐ The impairment as a result of the client's mental illness results in:
- ☐ A clear, current threat to the individual's ability to be maintained in his or her customary setting, or
 - ☐ An emerging/pending risk to the safety of the individual or others, or
 - ☐ 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.

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

Either:

- ☐ 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:

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:

- ☐ 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
- ☐ 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.

Consumer's Authorization

I, _____, have been offered services at Pascal's Psychiatric Rehabilitation Program (PRP). By signing this, I agree that I have accepted to attend services at Pascal's PRP.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____