Application for Psychiatric Rehabilitation, Supported Living, & Evidenced Based Supported Behavioral Health Department

HUMANIM
HUMAN PURPOSE. HUMAN IMPACT.

Psychiatric Rehabilitation Services, Supported Living, & Evidence Based Supported Employment Services are designed for adults with chronic and persistent mental illness to help them regain and maintain independence within the community. These services include life skills teaching, day program services, vocational services, and in some cases housing. The Supported Living Program offers additional in-home supports, intensive case management, landlord mediation, financial and medication management, and much more. Applications can be faxed to BH Admin at 410-381-5317, emailed to BHAdmin@humanim.org, or mailed to the address below.

Individual's Name: (Last) (First) (Middle)			
Individual's Address:			
Home #:	**Mobile #:**	**Email:**	
Sex: ☐ Female ☐ Male **Race:** ☐ **Caucasian** ☐ **African American** ☐ **Hispanic** ☐ **Asian** ☐ **Other**			
DOB:	**Age:**	**Medical Assistance #:**	**MCO:**

In order to qualify for services the individual must meet one of the following DSM 5 diagnoses

Primary Behavioral Health Diagnosis (check all that apply):

√	ICD-9	ICD-10	DSM 5 Diagnosis	√	ICD-9	ICD-10	DSM 5 Diagnosis
☐	295.90	F20.9	Schizophrenia	☐	296.43	F31.13	Bipolar I Disorder, Current or Most Recent Episode, Manic, Severe without Psychotic Features
☐	295.40	F20.81	Schizophreniform Disorder	☐	296.44	F31.2	Bipolar I Disorder, Current or Most Recent Episode, Manic, Severe with Psychotic Features
☐	295.70	F25.0	Schizoaffective Disorder, Bipolar Type	☐	296.53	F31.4	Bipolar I Disorder, Current or Most Recent Episode, Depressed, Severe without Psychotic Features
☐	298.8	F28	Schizoaffective Disorder, Depressive Type	☐	296.54	F31.5	Bipolar I Disorder, Current or Most Recent Episode, Depressed, Severe with Psychotic Features
☐	298.9	F29	Other Specified Schizophrenia Spectrum and Other Psychotic Disorder	☐	296.40	F31.0	Bipolar I Disorder, Current or Most Recent Episode, Hypomanic
☐	297.1	F22	Unspecified Schizophrenia Spectrum and Other Psychotic Disorder	☐	296.40	F31.9	Bipolar I Disorder, Current or Most Recent Episode, Hypomanic, Unspecified
☐	296.33	F33.2	Major Depressive Disorder, Recurrent Episode, Severe without Psychotic Features	☐	296.7	F31.9	Bipolar I Disorder, Current or Most Recent Episode, Unspecified
☐	296.34	F33.3	Major Depressive Disorder, Recurrent Episode, Severe with Psychotic Features	☐	296.89	F31.81	Bipolar II Disorder
☐	301.22	F21	Schizotypal Personality Disorder	☐	301.83	F60.3	Borderline Personality Disorder

√	**The diagnostic criteria may be waived for either one of the following two conditions:**
☐	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
☐	An individual in a Mental Hygiene facility (including Residential Treatment Center) with a length of stay of more than 6 months who requires RRP services. ***This excludes individuals eligible for Developmental Disabilities services.***

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Social Elements Impacting Diagnosis (Check all that apply):			
☐ None	☐ Access to Health Care	☐ Housing Problems	☐ Social Environment
☐ Educational	☐ Legal System/Crime	☐ Occupational	☐ Homelessness
☐ Financial	☐ Primary Support	☐ Other Psychosocial/Enviro.	☐ Unknown

Individual experiences at least 3 of the following:

☐ Inability to maintain independent employment

☐ Severe inability to establish or maintain social supports

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

☐ Need or assistance with basic living skills

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

If the individual has a co-occurring Substance Use Disorder (cannot be primary diagnosis)

√	ICD-9	ICD-10	DSM 5 Diagnosis	√	ICD-9	ICD-10	DSM 5 Diagnosis
☐	305.00	F10.10	Alcohol Use Disorder – Mild	☐	304.20	F14.20	Stimulant-Related Disorder – Cocaine – Severe
☐	303.90	F10.20	Alcohol Use Disorder – Moderate	☐	305.70	F15.10	Stimulant-Related Disorder – Amphetamine-type substance – Mild
☐	303.90	F10.20	Alcohol Use Disorder – Severe	☐	304.40	F15.20	Stimulant-Related Disorder – Amphetamine-type substance – Moderate
☐	305.20	F12.10	Cannabis Use Disorder – Mild	☐	304.40	F15.20	Stimulant-Related Disorder – Amphetamine-type substance – Severe
☐	304.30	F12.20	Cannabis Use Disorder – Moderate	☐	305.1	Z72.0	Tobacco Use Disorder – Mild
☐	304.60	F12.20	Cannabis Use Disorder – Severe	☐	305.1	F17.200	Tobacco Use Disorder – Moderate
☐	305.50	F11.10	Opioid Use Disorder – Mild	☐	305.1	F17.200	Tobacco Use Disorder – Severe
☐	304.00	F11.20	Opioid Use Disorder – Moderate	☐	305.90	F19.10	Other (or Unknown) Substance Use Disorder – Mild
☐	304.00	F11.20	Opioid Use Disorder – Severe	☐	304.90	F19.20	Other (or Unknown) Substance Use Disorder – Moderate
☐	305.60	F14.10	Stimulant-Related Disorder – Cocaine – Mild	☐	304.90	F10.20	Other (or Unknown) Substance Use Disorder – Severe
☐	304.20	F14.20	Stimulant-Related Disorder – Cocaine – Moderate	☐	304.20	F14.20	Stimulant-Related Disorder – Cocaine – Severe

Include any secondary Behavioral Health Diagnoses (If any):	

Medical Diagnoses (If any):	

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Reason for Referral:		
Self-care skills:	☐ Personal hygiene, ☐ Dietary planning ☐ Grooming ☐ Food preparation ☐ Nutrition ☐ Self administration of medication	Other:
Social Skills:	☐ Community integration activities ☐ Developing natural supports ☐ Developing linkages with and supporting the individual's participation in community activities.	Other:
Independent Living Skills:	☐ Skills necessary for housing stability ☐ Community awareness ☐ Mobility and transportation skills ☐ Money management ☐ Accessing available entitlements and resources ☐ Supporting the individual to obtain and retain employment ☐ Health promotion and training ☐ Individual wellness self management and recovery.	Other:
Other:		

Any additional information that you feel would be helpful in serving this individual:
Who is making this referral: ☐ Self ☐ Family ☐ Case Manager ☐ Other
Contact Information of the person making referral (if not self): **Name:** **Phone:**

Psychiatrist:	**Address:**	**Phone:**
Therapist:	**Address:**	**Phone:**
Primary Care:	**Address:**	**Phone:**

Check all that apply:

☐ **I am referring this person for Psychiatric Rehabilitation Day Services (day program)**

☐ **I am referring this person for Supported Living Services (in-home supports & case management)**

☐ **I am referring this person for Evidence-based Supported Employment (vocational services)**

_____
Referring Clinician's Name & Credentials (Print)

_____ _____
Referring Clinician's Signature Date

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