HUMANÎM

Application for Psychiatric Rehabilitation Services

Psychiatric Rehabilitation Services (including Day Program, Supported Living and Supported Employment services) are designed for adults and young adults with chronic and persistent mental illness to help them regain and maintain independence within the community. These services can include life skills teaching, intensive case management, in-home support, day program services, job placement and support services, and in some cases housing assistance. In addition, the Supported Living program can offer landlord mediation, financial management assistance and medication management.

This application must be completed in full and signed off on by a clinician.

To qualify for services, the individual must:

- have Medical Assistance.
- be in active treatment with provider prior to referral date (have met at least twice) and must remain in treatment while receiving Humanim services.
 - o If only a single visit has occurred prior to referral date, please clearly explain the situation resulting in referral:
- have been experiencing functional impairments for at least 2 years prior to referral OR have a new onset Category A diagnosis.
- And, it has been determined that other types of services are not appropriate and PRP is needed.

Completed applications can be:

- emailed to BHAdmin@humanim.org, or
- faxed to Behavioral Health Admin at 410-381-5317,
- mailed to: Humanim, Behavioral Health Department, 6355 Woodside Court, Columbia, MD 21046.

Check all that apply:

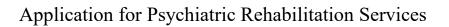
☐ I am referring this person for Psychiatric Rehabilitation Day Services (day program)
☐ I am referring this person for Supported Living Services (in-home supports & case management)
☐ Please check here if individual is between the ages of 18-26
\square I am referring this person for Supported Employment Services

If you are referring for Supported Employment Services AND another service, please provide justification as to why both are needed:

Individual's Name: Last	First	iddle	
Individual's Address:			
Home #:	Mobile #:	Email:	
Sex: ☐ Female ☐ Male		Pronoun:	
Race: Caucasian Africa	n American 🗆 Hispanic 🗆 A	sian Other:	
D.O.B:	Age:	Social Security #:	
Medical Assistance #:		MCO(if applicable):	
Sources of Income:			
Amount of Income:			

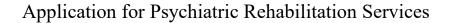
6355 Woodside Ct. Columbia, MD 21046 T (410) 381-7171 – F (410) 381-0782

Updated: June 2023





In order to qualify for services, the individual must meet one of the following DSM-5 diagnoses							
	(Please check all that apply): Category A Diagnosis Category B Diagnosis						
	ICD-9	ICD-10	DSM 5 Diagnosis		ICD-9	ICD-10	DSM 5 Diagnosis
√	ICD-9	1CD-10	DSWI 5 Diagnosis	√	1CD-9	1CD-10	DSWI 5 Diagnosis
	295.90	F20.9	Schizophrenia		296.33	F33.2	Major Depressive Disorder, Recurrent Episode, Severe
	295.40	F20.81	Schizophreniform Disorder		296.43	F31.13	Bipolar I Disorder, Current or Most Recent Episode, Manic, Severe
	295.70	F25.0	Schizoaffective Disorder, Bipolar Type		296.53	F31.4	Bipolar I Disorder, Current or Most Recent Episode, Depressed, Severe
	298.8	F28	Schizoaffective Disorder, Depressive Type		296.40	F31.0	Bipolar I Disorder, Current or Most Recent Episode Hypomanic
	296.34	F33.3	Major Depressive Disorder, Recurrent Episode, w/Psychotic Features		296.40	F31.9	Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Unspecified
	296.44	F31.2	Bipolar I Disorder, Current or Most Recent Episode Manic, Severe, w/Psychotic Features		296.7	F31.9	Bipolar I Disorder, Current or Most Recent Episode Unspecified
	296.54	F31.5	Bipolar I Disorder, Current or Most Recent Episode Depressed, Severe, w/Psychotic Features		296.89	F31.81	Bipolar II Disorder
	298.9	F29	Other Specified Schizophrenia Spectrum and Other Psychotic Disorder		301.83	F60.3	Borderline Personality Disorder
	297.1	F22	Unspecified Schizophrenia Spectrum and Other Psychotic Disorder				
	297.1	F22	Delusional Disorder				





The diagnostic criteria may be waived for either one of the following two conditions:
An individual found not competent to stand trial or not criminally responsible due to a mental disorder pursuant to Criminal Procedure, 3-101 et. seq. Annotated Code of Maryland, and receiving services recommended by a Behavioral Health Administration/Maryland Department of Health evaluator or facility or court order.
An individual in a Maryland State psychiatric facility with a length of stay of more than 3 months who requires Residential Rehabilitation Program (RRP) services upon discharge. This excludes individuals eligible for Developmental Disabilities Administration Services.
he individual demonstrates impaired role functioning for at least two years. To be considered dence of impaired role functioning at least three of the following must have been present on a
continuing or intermittent basis
•
continuing or intermittent basis
Continuing or intermittent basis Marked inability to establish or maintain independent competitive employment.
Continuing or intermittent basis Marked inability to establish or maintain independent competitive employment. Marked inability to perform instrumental activities of daily living.
Continuing or intermittent basis Marked inability to establish or maintain independent competitive employment. Marked inability to perform instrumental activities of daily living. Marked inability to establish or maintain a personal support system.
Continuing or intermittent basis Marked inability to establish or maintain independent competitive employment. Marked inability to perform instrumental activities of daily living. Marked inability to establish or maintain a personal support system. Marked or frequent deficiencies of concentration, persistence, or pace.

Social Elements Impacting Diagnosis (Check all that apply)

☐ Access to Healthcare

☐ Legal System/Crime

☐ Primary Support

☐ Housing Problems

 \square Other Psychosocial \square Unknown

☐ Occupational

/ Environmental

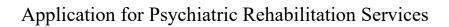
☐ None

☐ Educational

☐ Financial

☐ Social Environment

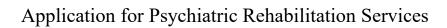
☐ Homelessness





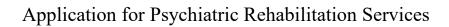
If the individual has a co-occurring Substance Us						er (cannot	be primary diagnosis),
•				cate below			
Category A Diagnosis			Category B Diagnosis				
$\sqrt{}$	ICD-9	ICD-10	DSM 5 Diagnosis	1	ICD-9	ICD-10	DSM 5 Diagnosis
	305.00	F10.10	Alcohol Use Disorder – Mild		304.20	FF14.20	Stimulant-Related 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 – Moderate		304.90	F10.20	Other (or Unknown) Substance Use Disorder – Severe
		Incl	lude any secondary Behavi	oral	Health D	Diagnoses (if any):

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Include Medical Diagnoses (if any):					
Current Medications (if the primary diagnosis is a mood disorder, please list all medications used to treat this disorder, including dosage and frequency. If the individual is not taking medications, please provide an explanation as to why no medications are being taken.)					
	Reason for Refe	erral (check all that apply):			
Self-Care	☐ Personal Hygiene	☐ Dietary Planning	☐ Other:		
Skills:	☐ Grooming	☐ Food Preparation			
	☐ Nutrition	☐ Self-Administration of			
		Medicine			
Social Skills:	☐ Community integration activ	ities			
SKIIIS:	☐ Developing natural supports				
	☐ Developing linkages with, an	d supporting, the individual's p	participation in		
	community activities ☐ Other:				
Independent	☐ Skills necessary for housing	☐ Accessing available	☐ Other:		
Living	stability	entitlements and resources	□ Ouici.		
Skills:	☐ Community awareness	☐ Health promotion and			
	☐ Mobility and transportation	training			
	skills	☐ Individual wellness self-			
	☐ Money management	management and recovery			
Other:					





If applying for Supported Employment Services:					
Previous Employment:					
Start Date:					
Employer:					
Wages:					
Job Description:					
Employme	ent Barriers:				
☐ Communication	☐ Clothing/resources needed for employment				
☐ Mobility and Transportation	☐ Assistance in Maintaining employment				
☐ Money Management	☐ Criminal Background (Please explain):				
Please indicate which of the following services have been offered or attempted prior to this referral for PRP services:					
☐ Targeted Case Management					
☐ Individual and/or Group Therapy					
☐ Peer support services	☐ Peer support services				
☐ Informal supports such as family					
If any of the above services have not been offered/att provide explanation:	tempted or if attempted but unsuccessful, please				
Please indicate why ongoing outpatient treatment i	s not sufficient to address concerns:				

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Any additional information that you feel would be helpful in serving this individual:				
Contact information of the po	erson making referral:			
Name:		ne #:		
Please indicate the referral s	ource:			
☐ Inpatient				
☐ Residential Crisis				
☐ Mobile/Assertive Commun	ity Treatment			
☐ Mental Health Residential	Freatment Center			
☐ Incarceration				
☐ Treating outpatient provide	r			
o Provider must be a licensed mental health provider who has assessed the individual as requiring the PRP level of care. The provider must be enrolled in Medicaid, either as an individual or through a licensed program that participates in Medicaid.				
Provider Information (if app		•		
Psychiatrist:	Address:	Phone:		
Therapist: Primary Care:	Address: Address:	Phone: Phone:		
Tilliary Care.	Address:	Phone:		
D	ferring Clinician's Name &	Cradentials (Print)	_	
N	terring Chincian's Name &	Credentials (11111t)		
•	be a licensed mental health provi C, LCPC, APRN-PMH, LCMFT	ider (Psychiatrist, CRNP-PMH, Licensed , LCADC).		
 LGPC, LMFT, LGADC, LGPAT – must be in a formal clinical supervision arrangement with a supervisor approved by the Maryland Board of Counselors and Therapists. Please provider supervisor's name: 				
• LMSW may only make referrals if currently in a formal clinical supervision arrangement with a supervisor approved by the Maryland Board of Social Work Examiners. Please provide supervisor's name:				
• PA, RN-C, CAC-AD,	CSC-AD – NOT eligible to mak	e referrals.		
You must be enrolled participates in Medica		ual or through a licensed program that		



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Referring Clinician's Signature:	Date:
Referring Clinician's Name & Credentials (print):	
Agency Name (if applicable):	
NPI # (of clinician or agency):	