

**Harford County PRP/ADULT**  
626 Revolution Road  
Havre De Grace MD 21078  
Phone #: 410-939-8744  
Fax #: 410-939- 8748

**Upper Bay Counseling and Support Services**  
**ADULT Psychiatric Rehabilitation Program**  
**and Health Home Referral**

**Cecil County PRP/ADULT**  
200 Booth Street  
Elkton MD 21921  
Phone#: 410-996-5104  
Fax#: 410-996-5197

Client Name: \_\_\_\_\_ MA#: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone # \_\_\_\_\_

I am referring the client for the following services:  ADULT-PRP Day Program  ADULT-PRP-Off-Site Services  Health Home (HH)  
This form must be filled out in its entirety in order to allow for medical necessity and authorization for services. **Please do not add diagnoses to the form.**

**Behavioral Diagnoses**

- |  |   |
|--|---|
| <input type="checkbox"/> 295.90/F20.9 Schizophrenia  | <input type="checkbox"/> 296.53/F31.4 Bipolar I, Most Recent Depressed, Severe        |
| <input type="checkbox"/> 295.40/F20.81 Schizophreniform Disorder                                       | <input type="checkbox"/> 296.40/F31.0 Bipolar I, Most Recent Hypomanic                |
| <input type="checkbox"/> 295.70/F25.1 Schizoaffective Disorder, Depressive                             | <input type="checkbox"/> 296.7/F31.9 Bipolar I Disorder, Unspecified                  |
| <input type="checkbox"/> 298.9/F29 Unspecified Schizophrenia Spectrum and Other Psychotic Disorder     | <input type="checkbox"/> 296.44/F31.2 Bipolar I, Most Recent Manic, with Psychosis    |
| <input type="checkbox"/> 295.70/F25.0 Schizoaffective Disorder, Bipolar Type                           | <input type="checkbox"/> 296.54/F31.5 Bipolar I, Most Recent Depressed, w/o Psychosis |
| <input type="checkbox"/> 298.8/F28 Other Specified Schizophrenia Spectrum and Other Psychotic Disorder | <input type="checkbox"/> 296.40/F31.9 Bipolar I, Most Recent Hypomanic, Unspecified   |
| <input type="checkbox"/> 297.1/F22 Delusional Disorder   | <input type="checkbox"/> 296.89/F31.81 Bipolar II Disorder                            |
| <input type="checkbox"/> 296.33/F33.2 MDD, Recurrent Episode, Severe                                   | <input type="checkbox"/> 301.83/F60.3 Borderline Personality Disorder                 |
| <input type="checkbox"/> 296.34/F33.3 MDD, Recurrent, With Psychotic Features                          | <input type="checkbox"/> 301.22/F21 Schizotypal Personality Disorder                  |
| <input type="checkbox"/> 296.43/F31.13 Bipolar I, Most Recent Manic, Severe                            | <input type="checkbox"/> 296.80/F31.9 Unspecified Bipolar Disorder                    |

**Primary Medical Diagnoses:** \_\_\_\_\_

Is person currently living in a Residential Rehab Program? Yes  No  IF yes please notify program AA and the Billing Department as a U5 authorization request must be done.

**Social Elements Impacting Diagnosis**

- |                                      |  |   |   |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> None        | <input type="checkbox"/> Access to Health Care | <input type="checkbox"/> Housing Problems           | <input type="checkbox"/> Social Environment |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Legal System/Crime    | <input type="checkbox"/> Occupational               | <input type="checkbox"/> Homelessness       |
| <input type="checkbox"/> Financial   | <input type="checkbox"/> Primary Support       | <input type="checkbox"/> Other Psychosocial/Enviro. | <input type="checkbox"/> Unknown            |

**This individual has a serious mental illness which has required the intervention of the Public Mental Health System in the last two years:**

Yes  No

**PRP Criteria:**

- The consumer has a serious mental health disorder
- The impairment results in at least one of the following
- A clear current threat to the individual's ability to manage current living situation
  - An inability to be employed or attend school without support
  - An inability to manage the effects of his/her mental illness
- The individual's condition requires an integrated program of rehabilitation services to develop and restore independent living skills to support the individual's recovery

**Current Medications:** \_\_\_\_\_

Is the individual med compliant:  yes  no

**Presenting Symptoms: Please include HX of SI and HI**

**Criminal HX-**  yes  no

**Reason for Referral:**

- Self-care skills-**  personal hygiene,  grooming,  nutrition,  dietary planning,  food preparation,  self administration of medication.
- Social Skills-**  community integration activities,  developing natural supports,  developing linkages with and supporting the individual's participation in community activities.
- 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.

\_\_\_\_\_  
**Most Recent Psychiatric Hospitalization**                      **Date**

**Disposition of Referral**

Accepted  Deny

**Date of Contact:**

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**V/O submission and outcome:**

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\_\_\_\_\_  
**Referring Mental Health Professional Signature and Credentials**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Referring Mental Health Professional's Name**

\_\_\_\_\_  
**Location and Phone Number**

\_\_\_\_\_  
**Treating Psychiatrist**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Treating Therapist**

\_\_\_\_\_  
**Phone**

Fast Tracked  
Sept, 2015

**Please direct your referral to the appropriate manager:**

**Hope for Tomorrow (Harford PRP)**  
**626 Revolution Street**  
**Havre De Grace, Maryland 21078**  
**Program Manager Tracy Schylaske ext. 1437**

**Share Program (Cecil PRP)**  
**200 Booth Street**  
**Elkton Maryland 21921**  
**Program Manager Sherry Weleski ext. 1003**