

Key Point Health Services
PRP Day Program, Residential, and Community Outreach Renewal Form

Name: _____ MA#: _____

Any insurance changes that you are aware of? _____
PRP (Day Program) COP RRP

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"/> 295.73/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: _____

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 |

Individual continues to need intervention in the following areas:

- Inability to maintain independent employment
- Social behavior that results in interventions by the mental health system
- Inability to procure financial assistance due to cognitive disorganization
- Severe inability to establish or maintain social supports
- Need or assistance with basic living skills

Please describe any significant changes since the last referral. (criminal charges, substance abuse, med compliance issues, hospitalization etc.)

Continuing Areas of Rehabilitation Needs:

- 1) **Self-care skills-** personal hygiene, grooming, nutrition, dietary planning, food preparation, self administration of medication.
- 2) **Social Skills-** community integration activities, developing natural supports, developing linkages with and supporting the individual's participation in community activities.
- 3) **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.

Name and Credentials

Date