

Key Point HEALTH SERVICES INC.

OUTPATIENT MENTAL HEALTH PROGRAMS
RESIDENTIAL CARE AND PSYCHIATRIC REHABILITATION

Dear Fellow Professional,

Thank you for making a referral to Key Point Health Services Psychiatric Rehabilitation Program (PRP).

Please Follow the Three Step Referral Process:

1. Confirm the client is interested in Psychiatric Rehabilitation Day Program Services.
2. Complete the one page Referral Form.
3. Forward the completed Form. Please use the fax number listed for the location best suited for the client.

Considerations for the Referral Process:

1. Clients that have Medical Assistance may start services within a week of receiving the returned referral information.
2. Clients that have **only SSDI and Medicare as their primary** are considered uninsured for PRP. Presently uninsured clients have no guarantee of authorization from Value Options and therefore may take longer to be approved for services.

A Licensed Mental Health Professional's signature is requested on the referral form. In order to establish and maintain eligibility for Key Point Health Services, individuals should remain under the care of a psychiatrist and/or therapist while in the program.

Baltimore County Key Point PRP Locations

Key Point Health Services
Psychiatric Rehabilitation Program
1012 N. Point Road
Dundalk, MD 21224
Phone: 443-216-4770
Fax: 443-216-4771

Key Point Health Services
Psychiatric Rehabilitation Program
500 N. Rolling Road
Catonsville, MD 21228
Phone: 410-869-3504
Fax: 410-869-3508

elizabethwolkowicz@keypoint.org

Harford County Key Point PRP Location

135 N. Parke Street, Aberdeen MD 21001
Phone: 443-625-1560

Referrals may be faxed to **443-625-1540**

elizabethwolkowicz@keypoint.org

Individuals will be contacted and scheduled for an intake appointment. If additional information is needed, please contact us at the numbers listed.

PSYCHIATRIC REHABILITATION PROGRAM
1012 North Point Road Baltimore, MD 21224 Phone 443-216-4770 Fax 443-216-4771
500 N. Rolling Road Catonsville, MD 21228 Phone: 410-869-3504 Fax 410-869-3508
www.keypoint.org

Dundalk PRP
1012 North Point Road
Baltimore, MD 21222
Fax #: 443-216- 4771

Key Point Health Services
Psychiatric Rehabilitation Day Program
REFERRAL

Catonsville PRP
500 N. Rolling Road
Catonsville, MD 21228
Fax #: 443-216- 4771

Harford PRP
135 N. Parke St.
Aberdeen, MD 21001
Fax#: 443-625-1540

Client Name: _____ MA#: _____ DOB: _____ Race: _____
Address: _____ Phone # _____

I am referring the patient for the following services: PRP Day Program
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, with 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 |

If client does not have Medical Assistance: SS# _____

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

Individual experiences at least three of the following:

- 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

Current Medications (include dosage and frequency or attach current med sheet): _____
Is the individual med compliant: yes no

Presenting Symptoms: Please include hx of SI and HI

Criminal Hx- yes no

Reason for Referral:

- 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.

Most Recent Psychiatric Hospitalization Date

Referring Mental Health Professional Signature and Credentials Date

Referring Professionals Name Location and Phone Number

Treating Psychiatrist Phone Treating Therapist Phone

INDIVIDUAL TREATMENT PLAN (ITP)

Patient's Name: _____

ITP Date: _____

Current Diagnosis:

- Axis I: _____
- Axis II: _____
- Axis III: _____
- Axis IV: _____
- Axis V: _____

Current Medications: (please specify name of drug, strength and dosage schedule)

Present goals and methods:

Progress towards goals:

Referral to Key Point's PRP for assessment and rehabilitation services, and treatment.
(Check off all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Independent Living Skills Development
<input type="checkbox"/> Leisure/Recreation Skills Development
<input type="checkbox"/> Work Skills Development | <input type="checkbox"/> Social Skills Development
<input type="checkbox"/> Socialization Opportunities
<input type="checkbox"/> Other _____ |
|--|--|

I, the treating physician, submit this ITP based on rehabilitation needs determined after at least one face-to-face interview with this patient.

Mental Health Professional Signature Date