PSYCHIATRIC REHABILITATION SERVICES (PRS) REFERRAL FORM

PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM

To be considered for Psychiatric Rehabilitation Services (PRS), all applicants must have the required documents:

1. **Licensed Practitioner of the Healing Arts (LPHA) Recommendation.** LPHAs must be recommended and signed by the following: any Physician, Physician's Assistant, Certified Registered Nurse Practitioner, Licensed Psychologist, Licensed Clinical Social Worker, Licensed Professional Counselor, Licensed Marriage & Family Therapist.

   Please note: *Include an exclusionary statement if the applicant does not have a serious mental illness (SMI) that explains how their illness is a functional impairment. Please refer to* ***OMHSAS Bulletin 19-03*** *for the definition of SMI.*

2. **Consent to Release Health Information (Optional).** This form authorizes your primary care provider and CBH to share health information to better serve your needs.

What are Psychiatric Rehabilitation Services (PRS)?

- Services that work with people in the areas of living, learning, working, socializing, and wellness
- Help individuals identify goals, learn and practice skills, and build supports
- Different than traditional psychiatric or case management services, as they are focused on *skill-building* and *coaching*
- Not provided on behalf of an individual, but implemented collaboratively with an individual
- Voluntary services

Who is eligible for PRS?

(both 1 and 2 are required)*

1. Presence or history of SMI, based upon medical records, including:
   - Schizophrenia
   - Major mood disorder (major depressive disorder, bipolar disorder)
   - Schizoaffective disorder
   - Borderline personality disorder (BPD)
   - Post-traumatic stress disorder (PTSD)
2. Moderate to severe functional impairment due to mental illness that limits performance in living, learning, working, and/or socializing

****Exception:*** *If an individual is diagnosed with another psychiatric disorder not listed above, they may qualify for services with a written description of their functional impairment (See below).*

Who can complete the LPHA form?

Only a Licensed Practitioner of the Healing Arts (LPHA) can complete this form. The following is a list of practitioners included in this category:

- Physician (MD)
- Physician Assistant (PA)
- Certified Registered Nurse Practitioner (CRNP)
- Psychologist
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Counselor (LPC)
- Licensed Marriage and Family Therapist (LMFT)

C·B·H

PSYCHIATRIC REHABILITATION SERVICES (PRS) REFERRAL FORM

CBH Providers must submit all referrals through secure *CBH Box*.
Any non-CBH provider can submit a completed form through CBH's secure Smartsheet.

Request Date	

Member Name		Preferred Pronouns	
Address Line 1		Address Line 2	
City/ST/ZIP		Phone #	
Date of Birth		Social Security #	
Is member involved in Permanent Supportive Housing (PSH)?	☐ Yes ☐ No *If yes,*		
Program/Residence Type			

Provider Submitting Referral		Provider Contact	
Provider Phone #		Provider Email	

Member Signature: _____ Date: _____

Print Name: _____

Current Supports and Contact Information

Case Management Contact (TCM/PMHCC)		Title	
Contact Phone #		Contact Email	
Case Management Supervisor Contact		Title	
Supervisor Phone #		Supervisor Email	
LOC Type	☐ Outpatient ☐ Intensive Outpatient ☐ Other:		

Current/History of Mental Health (diagnosis, recent hospitalization, suicide attempts):

Current/History of Substance Use (drug choice, duration used, amount):

Evidence of Cognitive Impairment:

Physical Health Concerns:

Licensed Practitioner of Healing Arts (LPHA) Recommendation for PRS Request

Date	

Member Name		Date of Birth	
Diagnosis		ICD-10-CM	

Functional Impairment

1. The member currently suffers from or has a history of SMI, based upon medical records, including schizophrenia, major mood disorder, schizoaffective disorder, BPD, and/or PTSD. ☐ Yes ☐ No
2. The member has a moderate to severe functional impairment due to a qualifying mental illness. ☐ Yes ☐ No
3. This functional impairment limits performance in living, learning, working, and/or socializing. ☐ Yes ☐ No
4. This functional impairment limits performance in the following (Check all that apply below):

Living

- ☐ Housing
- ☐ Budgeting and Banking
- ☐ Shopping
- ☐ Laundry
- ☐ Transportation
- ☐ Personal Hygiene
- ☐ Meal Prep and Cooking
- ☐ Cleaning

Learning

- ☐ Following Instructions
- ☐ Asking for Help
- ☐ Formal Education *(GED, Trade School, College)*
- ☐ Focusing
- ☐ Computer Skills
- ☐ Literacy

Working

- ☐ Lack of Paid/Volunteer Experience
- ☐ Job Literacy
- ☐ Accepting Feedback
- ☐ Following Instructions
- ☐ Time Management
- ☐ Organizing and Completing Tasks

Socializing

- ☐ Communication Skills
- ☐ Community Resources *(Integration and awareness)*
- ☐ Relationships
- ☐ Leisure Activity
- ☐ Social Skills *(Norms, accepting self and others)*

Wellness

- ☐ Physical Health
- ☐ Coping Skills/Self Care
- ☐ Medication Management
- ☐ Substance Use Challenges
- ☐ Physical Activity
- ☐ Illness Management
- ☐ Sleep Hygiene
- ☐ Diet/Nutrition
- ☐ Spirituality
- ☐ Cultural Activities

Recommendation

☐ I recommend the member named above for psychiatric rehabilitation services based on the information I have provided on this form.

Exception

(only if the member has a diagnosis NOT listed in the "Who is eligible for PRS?" instructions on page 1)

Please provide an explanation of the member's functional impairment.

Authorized Signature: _____ Date: _____

Print Name and Title: _____

License #: _____ Phone #: _____