

For Approval for an Residential Rehabilitation Program (RRP) - INTENSIVE

Consumer Name: _____

Individuals must meet each of the following three medical necessity criteria in order to be determined eligible for RRP Intensive services:

Diagnosis of Serious Mental Illness	Yes	No
<input type="checkbox"/> 295.10 Schizophrenia, Disorganized Type		
<input type="checkbox"/> 295.20 Schizophrenia, Catatonic Type		
<input type="checkbox"/> 295.30 Schizophrenia, Paranoid Type		
<input type="checkbox"/> 295.40 Schizophreniform Disorder		
<input type="checkbox"/> 295.60 Schizophrenia, Residual Type		
<input type="checkbox"/> 295.70 Schizoaffective Disorder		
<input type="checkbox"/> 295.90 Schizophrenia, Undifferentiated Type		
<input type="checkbox"/> 296.33 Major Depressive Disorder, Recurrent, Severe Without Psychotic Features		
<input type="checkbox"/> 296.34 Major Depressive Disorder, Recurrent, Severe With Psychotic Features		
<input type="checkbox"/> 296.43 Bipolar I Disorder, Most Recent Episode, Manic, Severe Without Psychotic Features		
<input type="checkbox"/> 296.44 Bipolar I Disorder, Most Recent Episode, Manic, Severe With Psychotic Features		
<input type="checkbox"/> 296.53 Bipolar I Disorder, Most Recent Episode, Depressed, Severe Without Psychotic Features		
<input type="checkbox"/> 296.54 Bipolar I Disorder, Most Recent Episode, Depressed, Severe With Psychotic Features		
<input type="checkbox"/> 296.63 Bipolar I Disorder, Most Recent Episode, Mixed, Severe Without Psychotic Features		
<input type="checkbox"/> 296.64 Bipolar I Disorder, Most Recent Episode, Mixed, Severe With Psychotic Features		
<input type="checkbox"/> 296.80 Bipolar Disorder, NOS		
<input type="checkbox"/> 296.89 Bipolar II Disorder		
<input type="checkbox"/> 297.1 Delusional Disorder		
<input type="checkbox"/> 298.9 Psychotic Disorder, NOS		
<input type="checkbox"/> 301.22 Schizotypal Personality Disorder		
<input type="checkbox"/> 301.83 Borderline Personality Disorder		

AND:

Priority Population criteria: History of at least one of the following:	at least one	
	Yes	No
Criminal behavior	Yes	No
Treatment and/or medication noncompliance	Yes	No
Substance Abuse	Yes	No
Aggressive behavior	Yes	No
Psychiatric hospitalization	Yes	No
Psychosis	Yes	No
Poor reality testing	Yes	No

AND:

Current Presentation of at least one of the following behaviors or risk factors that require daily structure and support in order to manage:	at least one	
	Yes	No
Safety risk	Yes	No
Active delusions	Yes	No
Active psychosis	Yes	No
Poor decision-making skills	Yes	No
Impulsivity	Yes	No
Inability to perform Activities of Daily Living (ADL) skills to maintain tasks necessary to live in the community environment	Yes	No
Impaired judgment, including social boundaries	Yes	No
Inability to self-protect in community situations	Yes	No
Inability to safely self-medicate or otherwise self-manage the illness	Yes	No
Aggression	Yes	No
Inability to access community resources necessary for safety	Yes	No
Impaired community living skills	Yes	No

AND must meet the following functional limitations:

Serious mental illness characterized by impaired role functioning, on a continuing or intermittent basis, for at least two years , including at least three of the following:	three out of five	
	Yes	No
Inability to maintain independent employment.	Yes	No
Social behavior that results in interventions by the mental health system.	Yes	No
Inability, due to cognitive disorganization, to procure financial assistance to support living in the community.	Yes	No
Severe inability to establish or maintain a personal support system.	Yes	No
Need for assistance with basic living skills.	Yes	No

Note: The diagnostic criteria may be waived for the following two conditions:

1. An individual committed as Not Criminally Responsible who is Conditionally Released from a Mental Hygiene Administration facility, according to the provisions of Health General Article, Title 12, Annotated Code of Maryland. YES NO

Or:

2. An individual in a Mental Hygiene Administration facility with a length of stay of more than six months who requires RRP services, but who does not have a target diagnosis. This excludes individuals eligible for Developmental Disabilities services. YES NO

Reviewed date: _____ Reviewed by: _____

Meets Approval Criteria: YES NO