Admission Criteria:
(from the Psychiatric Rehabilitation Medical Necessity Criteria and Standards)

Admission criteria for psychiatric rehabilitation services are met as follows:

1. The person is 18 years or older and has the presence or history of a serious mental illness, based upon medical records, which includes a diagnosis by a psychiatrist, that includes: schizophrenia, major mood disorder, psychotic disorder NOS, schizoaffective disorder or borderline personality disorder.

   AND

2. As a result of the mental illness, the person has a moderate to severe functional impairment that interferes with or limits role performance in at least one (1) of the following domains: educational (i.e., obtaining a high school or college degree); social (i.e., developing a social support system); vocational (i.e., obtaining part time or full time employment); self maintenance (i.e., managing symptoms, understanding their illness, managing money, living more independently) relative to the person’s ethnic/cultural environment.

   AND

3. The person chooses to participate in the program.

Instructions:

The Functional Assessment Tool is used to assist in determining the presence of a moderate to severe functional impairment as a result of the mental illness. The Tool consists of five scales which evaluate functional level in the following domains: 1) Vocational; 2) Educational; 3) Self Maintenance: Living; 4) Self Maintenance: Managing Illness and Wellness, and 5) Social.

The concept of functional impairment encompasses both the effects as a result of the mental illness and impacts on the individual's ability to perform valued roles in the community such as worker, student, or independent community resident. This concept refers not only to the loss or abnormality of psychological, physiological or anatomical structure or function related to mental illness but also to the associated restriction or lack of ability to perform activities and, as a consequence, roles in the community in the manner that would be considered usual for adults in American society. Psychiatric rehabilitation services have been compared to physical rehabilitation, as, for example, when a person has a spinal cord injury (Anthony, Cohen & Farkas, 1990). Treatment to eliminate or suppress the injury does not, in itself, lead to more functional behavior in terms of the individual being able to gain or regain valued roles in the community. Rehabilitation is directed toward this outcome by providing the person services to select, attain and keep roles of importance to the person in the community. As part of considering if functional impairments are moderate to severe, an assessment is made of impairments in relation to the person’s functioning in the essential domains of role.
performance in the community. A major focus of the assessment, therefore, is upon the limitations in role performance the person is experiencing including the inability to engage in roles such as worker which are considered usual for adults in American society.

Individuals must be assessed in a 1:1 face-to-face interview with the evaluator. The assessment is based on a strengths-based interview taking into account the person’s interests in making changes in the various domains as well as the effects of the mental illness upon the person’s role performance in these domains. Special attention is given to the domain(s) in which the person is interested in making changes and may wish to use psychiatric rehabilitation services (PRS). PRS are designed to assist in enhancing competencies and improving functioning so that the person may experience more success and satisfaction in the environment(s) of choice and function as independently as possible. Cultural competency will be recognized throughout the assessment process in discussion with the person about role performance and issues in each of the domains. A psychiatric rehabilitation program director or psychiatric rehabilitation specialist completes the evaluation.

All five domains are rated on the following scale:

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<tr>
<th>Rating</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>No impairment</td>
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<tr>
<td>1</td>
<td>Mild impairment</td>
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<tr>
<td>2</td>
<td>Moderate impairment</td>
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<tr>
<td>3</td>
<td>Severe impairment</td>
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<tr>
<td>4</td>
<td>Or No interest</td>
</tr>
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</table>

To meet PRS admission criteria of a moderate to severe functional impairment that interferes with or limits role performance in at least one of the evaluated domains, the person must be evaluated with a rating of 3 or higher in one or more domains. As part of the evaluation, the evaluator should consider the individual’s current level of functioning both as seen by the person and by involved others, as well as the person’s strengths, needs, level of satisfaction or dissatisfaction with current status regarding the domain, personal preferences, and interest in making changes in the domain.

Each area is defined at the “0,” “1,” “3” and “5” levels. Looking at the person’s behavior, inclusive of the lowest level of functioning during the last 90 days, rate the person’s level of functioning in each domain. When the person is rated at the 3 or higher level, there must be specific justification of the functional impairment. Within the tool, evidence supporting ratings of 3 or higher can be noted after the words “as demonstrated by __________.”

Ratings should be made in whole numbers. In situations where there are extraordinary factors which make the assignment of whole numbers extremely difficult, if not impossible, 0.5 points may be added to or subtracted from the base score. This permits differentiation of level of functioning without compromising the integrity of the scale. The outcome of the assessment includes both domain scores and a rationale for PRS.

In evaluating the existence of moderate to severe functional impairment as a result of the mental illness, the evaluator considers the Functional Assessment Tool results, your professional judgment, and other information such as referral information, psychiatric evaluations, psychosocial summaries, records of past treatment, and cultural factors which may impact on the person’s level of functioning and need for psychiatric rehabilitation.
services. Scores on the Functional Assessment Tool indicate the person’s level of functioning at the time of the evaluation. Scores may change as an individual’s needs and/or desires for PRS change.

One of the admission criteria is that the person must choose to participate in PRS. Although a person may receive a rating of 3 or higher in a particular domain, it is essential in planning PRS that the person chooses to participate in these services to make changes in specific domain(s) selected for PRS interventions.

Reference:

Vocational Domain

The scale has a range from 0 to 5 with the following values:

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<th>0</th>
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<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>No impairment</td>
<td>No interest</td>
<td>Mild</td>
<td>impairment</td>
<td>Moderate</td>
<td>impairment</td>
<td>Severe</td>
</tr>
</tbody>
</table>

0 = Person does not need/desire psychiatric rehabilitation services in this area.

Examples: Person is working and experiencing no difficulties at work. Person is not working and is not interested in employment at present.

1 = Person needs/wants minimal services to gain and maintain employment.

Example: Person is working and has minimal difficulties at work. It is expected any difficulties can be addressed and resolved within the person’s current support system.

3 = Person is working and experiencing moderate to serious problems at work which may affect ability to keep employment as demonstrated by _______________.
Person is underemployed with regard to desires and abilities.

Examples: Person is experiencing substantial problems on the job related to mental illness which are deemed likely to affect continuing employment.
Person is employed part-time but wants to work full time.
Person has employment which is not commensurate with educational and experience level.

5 = Person has severe impairments due to mental illness which have prevented the person from working or have affected job performance to the extent that loss of employment is likely as demonstrated by _______________.

Examples: Person is not working and would like to be working.
Person is experiencing severe difficulties on the job which make it likely that the person will be unable to maintain that employment.
**Vocational Domain**

**Case Examples**

1: The person takes medication to decrease symptoms due to mental illness. The medication causes the person to have a dry mouth at her part-time job. The employer has agreed to let the person keep a glass of water at her work station and to take more frequent breaks. With these accommodations, the person is able to perform the essential functions of the job.

3: The person has been experiencing difficulties on the job and has been warned by the employer that there must be improvement if the person is going to keep the job. Due to the effects of mental illness, the person has difficulty organizing work tasks and establishing priorities about what to do first. The person also reports difficulties in approaching the supervisor to ask about how to do various job tasks and to get feedback about how the job is going.

5: Due to the effects of the mental illness and hospitalizations arising from it, the person has been unable to work for some time. The person is interested in obtaining employment but does not know much about the current labor market or what kinds of jobs he might be interested in and able to do.
Educational Domain

The scale has a range from 0 to 5 with the following values:

<table>
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<tr>
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<th>4</th>
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<td>Moderate impairment</td>
<td>Severe impairment</td>
<td></td>
<td></td>
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</table>

**0** = Person does not need/desire psychiatric rehabilitation services in this area.

**Examples:** Person is attending an educational program and is experiencing no difficulties in the program. Person is not interested in additional education at present.

**1** = Person needs/wants minimal services to gain and maintain desired educational program or environment. It is expected services can be provided by the current support system.

**Example:** Person plans to attend or is attending an educational program and has or is expected to have minimal difficulties due to effects of the illness in the program. It is expected any difficulties can be addressed and resolved within the person’s or the educational program’s support system.

**3** = Person is enrolled in an educational setting and is experiencing moderate to serious impairments due to the mental illness in that environment which may affect completion of the educational program as demonstrated by _______________________. Person is interested in enrolling in an educational program and needs psychiatric rehabilitation services to choose, attain and complete a desired educational program.

**Examples:** Due to the effects of the mental illness, the person is experiencing or likely to experience substantial difficulties in the educational environment which may affect continuing or completing the educational program. Due to the mental illness, the person has not attained the educational level needed for desired employment.

**5** = Person has severe impairments due to mental illness which have prevented the person from enrolling in or completing an educational program. Person is currently enrolled in an educational program and due to impairments related to the mental illness is likely to be unable to maintain enrollment in that environment as demonstrated by ____________________.

**Examples:** Person was unable to complete high school, college or vocational training due to functional impairments related to the mental illness. Person is enrolled in an educational program and is experiencing a level of difficulty as a result of functional impairments related to the mental illness such that it is probable that the person will not be able to maintain or complete the program.
Educational Domain
Case Examples

1: Person is studying for a certificate in psychiatric rehabilitation at a community college. As a result of the mental illness, the person has difficulties concentrating at times and needs extra time to complete assignments and examinations. The college office providing services for students with disabilities has assisted the person in making these arrangements with professors.

3: The person is taking an introductory statistics course at a community college. The person has failed an examination in the course and is worried about failing the course. In reviewing the situation, it is noted that as a result of the mental illness, the person has difficulty organizing word problems and setting up other homework problems on a page to be able to solve them. Once the problems are organized, the student has the mathematical skills to solve them.

The person would like to continue her education. As a result of the mental illness, her education was interrupted. The person has completed a GED program and is thinking about taking additional education to qualify for a job that would enable her to get off SSI. As a result of the mental illness, the person has little knowledge or experience with educational programs beyond high school or with jobs that might be available in the community, and she has very limited experience with making choices or setting goals for the future. The person has no idea what to do to get started with deciding on plans.

5: The person has a history of mental illness and substance abuse. As a result of the mental illness, he has been hospitalized on many occasions and has not been working or in school for many years. He has enrolled in a GED Program at a community center. While he says he can do the work, he reports having difficulty getting information from the teacher. The person feels it is the teacher’s fault if he is not learning and has informed her of this. The teacher has suggested he might think about not returning to the program.
Self-maintenance: Living Domain

The scale has a range from 0 to 5 with the following values:

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Example: Person is satisfied with the current residential setting, and has a skill-level for self-maintenance such that the person and involved others report no difficulties in maintaining the current living arrangements.

Example: Person is living in a supported housing setting and has minimal skill deficits in self-maintenance. Deficits can be addressed and resolved within the person’s current support system. Person has minimal areas of dissatisfaction with the residential environment which can be addressed through the person’s current skill level and support system.

Examples: As a result of mental illness, the person lacks adequate skill(s) to resolve issues with assistance from the current support system. Without psychiatric rehabilitation services, it is likely the person will be unable to get and/or keep the desired living environment. Person has major areas of dissatisfaction with the current living environment which are likely to affect continuing residence in that setting. Person is interested in living in a more independent living environment and as a result of functional impairments due to the mental illness may have difficulty selecting, attaining and maintaining a more independent living setting.

Example: Due to the severity of functional impairments arising from the mental illness, the person will probably be unable to sustain residence in the current living environment.
Self-maintenance: Living Domain
Case Examples

1: The person has some difficulties in handling activities of daily living independently such as washing and maintaining personal clothing. The person lives in a supported housing setting and receives assistance from supported housing staff in handling these activities and learning to do them more independently.

3: The person is living in a supported housing environment due to functional impairments arising from the mental illness. The person would like to get his own apartment. He has had limited experience in finding his own housing environments due to the mental illness and has lived primarily in housing selected by others. He is interested in assistance in choosing his own residence as well as identifying what he will have to do to be successful and satisfied in the residence he chooses.

5: The person has recently moved from supported housing to her own apartment in subsidized housing. She has had several arguments with her neighbors, and the landlord has spoken to her about this situation. She says the neighbors are causing her problems, and the only way she knows to deal with this is to tell them off.
**Self-maintenance: Managing Illness and Wellness Domain**

The scale has a range from 0 to 5 with the following values:

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0 = Person does not need/desire psychiatric rehabilitation services in this area.

Examples: Person actively manages illness as demonstrated by behaviors such as describing illness and its symptoms including prodromal symptoms; identifying prescribed medications including dosage and possible side effects; describing and using as needed active strategies to manage symptoms; and making and keeping appointments for medical services. Person is able to manage physical illnesses which may affect or be affected by the mental illness and both knows and uses strategies to promote wellness.

1 = Person needs/wants minimal services to increase knowledge of mental illness and learn new strategies for active management of the illness. Significant others report only minimal difficulties which can be addressed and resolved within the person’s current support system.

Example: Person is knowledgeable about and has minimal difficulty implementing strategies for identifying, tracking and coping with effects of the illness. Person is able to manage physical illness which may affect the mental illness. Person knows and generally follows strategies to promote wellness.

3 = Person is experiencing moderate to serious problems in managing the mental illness and/or coexisting health conditions which may affect the mental illness as a result of functional impairment(s) and skill deficit(s) related to the mental illness that are not likely to be addressed and resolved within the person’s current support system as demonstrated by ___________________________. Person is interested in learning more about the illness and strategies to manage the illness. Person is interested in achieving a rehabilitation goal in another domain and as part of achieving that goal needs improved skills and knowledge regarding managing the mental illness and/or coexisting health conditions.

Examples: As a result of functional impairments due to the mental illness, the person lacks adequate knowledge of the illness and skill(s) to participate actively in coping with the illness. Person would benefit from and is interested in learning about physical illnesses that the person has which may affect the mental illness including strategies to monitor and actively manage the illness.

5 = As a result of the mental illness, the person has severe impairment(s) in managing mental illness and is experiencing a level of difficulty such that it is probable that the person will be unable to attain or maintain desired environment(s) in the community even with assistance from the current support system and is interested in improving knowledge and skills to manage mental illness as well as physical illnesses which may affect the mental illness as demonstrated by ___________________________. 
Example: Person is unable to attain or maintain a valued role in a desired environment as a result of severe impairments in knowledge of mental illness and skills to assist in active management of symptoms.

**Self-maintenance: Managing Illness and Wellness Domain**

**Case Examples**

1: The person is able to describe several methods for active management of symptoms arising from mental illness in addition to taking medication. She is able to name medications she is taking including common side effects and knows which side effects require her to call her psychiatrist right away. Although she uses these methods fairly regularly, she sometimes has to be prompted at her work program to use them.

3: The person has had several episodes of mental illness which have required hospitalization. While he takes medication, he cannot describe any other strategies for active management of symptoms. He also is unaware of prodromal symptoms. He would like to think about working or getting more education in the future, but is worried that his symptoms will get “out of hand” if he attempts to do these things.

5: As a result of mental illness, the person reports feeling restless and having problems dealing with stress. He says he handles this by smoking cigarettes to relax. At present, he is smoking two packs of cigarettes per day. The person is currently spending about $150 a month on cigarettes and has been falling behind in making rent payments on his apartment. He says he does not know any other ways to control stress other than smoking.
Social Domain

The scale has a range from 0 to 5 with the following values:

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<td>impairment</td>
<td>impairment</td>
<td></td>
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</tbody>
</table>

0 = Person does not need/desire psychiatric rehabilitation services in this area.

Examples: Person reports satisfaction with valued roles in the community such as friend, parent or significant other and with the current social network/support system and is experiencing no difficulties in this area. Person is not interested in making changes in valued roles in the social domain at present.

1 = Person needs/wants minimal services to gain and maintain desired social roles or social support system or social environment in the community, and any needed services can be provided by the current support system.

Examples: Person expresses satisfaction with current social roles and social support system and has or is expected to have minimal difficulties in accessing this network due to effects of the mental illness. It is expected any difficulties can be addressed and resolved within the person's current support system.

3 = Person experiences moderate impairments due to the mental illness in developing and utilizing a social support system in the community or in choosing, attaining and sustaining valued social roles in the community as demonstrated by _________________________. Person is dissatisfied with current roles or social support system and is interested in making changes which are not likely to be addressed and be resolved within the existing support system.

Examples: Due to the effects of the mental illness, the person is experiencing isolation in the community or substantial difficulty in valued social roles and relationships in the community. Person is dissatisfied with current social support system and has significant difficulty resolving these issues due to moderate impairments as a result of the mental illness.

5 = Person has severe functional impairments due to mental illness which interfere with developing and sustaining valued social roles in the community and restrict the person’s social support system in the community as demonstrated by _________________________. As a result of these severe impairments, the person is unable to choose, establish or keep social roles such as friend, parent or significant other and/or has little or no existing social support system in the community.

Examples: Due to severe functional impairments related to the mental illness, the person reports limited or no relationships in valued social roles in the community and/or an inability to choose, establish and make use of social supports within the community. As a result of these severe impairments related to the mental illness, it is probable that the person will not be able to establish or sustain valued social roles in the community.
Social Domain
Case Examples

1: The person enjoys attending activities at the drop-in center. As a result of mental illness, he loses concentration while taking the bus and has missed his stop upon occasion in the past. At present, family members or his case manager take him to the center. He is satisfied with these arrangements and says they are working out well.

3: The person has a 10 year-old child. As a result of mental illness, the person was unable to care for the child, who lives with a relative. The person is satisfied with this arrangement which also appears to be working out well for the child. The child visits the person on the weekends. The person is unsure about carrying out her role as a parent in terms of planning activities the child would enjoy as well as how to set limits while the child is visiting.

5: The person has a long history of mental illness and substance abuse. As a result of this, the person reports all his previous friends were individuals who used drugs. He also says he has difficulty talking about topics which do not involve drugs. He describes a sense of isolation in the community. He would like to make friends who do not use drugs and especially would like to meet a woman who does not use drugs.

Developed by Janice Oursler, Ph.D., RPRP
(908) 889-2462

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