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When complete, please fax to **1-855-301-5356**. You may also call in the initial crisis intervention notification to **1-855-285-7466**.

Following notification of an initial crisis intervention, an authorization number will be provided to the provider within **two** business days of receipt of request. All out-of-network provider requests will be reviewed for medical necessity of services.

Please print clearly — incomplete or illegible forms will delay processing.

Member Information

Member name: _____

Member date of birth: _____ Member ID number: _____

Legal guardian: _____

Who referred the member for initial crisis intervention service:

Member/parent PCP School Therapist/psychiatrist

State agency: _____ Other: _____

Member primary diagnosis: _____

Provider Information

Provider name: _____ NPI number: _____

Group/agency name: _____ Phone: _____

Physical address: _____ Fax: _____

The provider is: In network Out of network In credentialing process

Provider credentials: M.D. Ph.D. L.M.H.P. Bachelor's level N.P.

Other: _____

Provider contact name: _____

Please complete the **Service Information** section of the form on page 2.

Please note: Prior authorization is required for all crisis intervention follow-up services. Providers can also submit a notification of initial crisis intervention services via the AmeriHealth Caritas Louisiana NaviNet provider portal and obtain an authorization number at time of submission, as well as call into our Behavioral Health Utilization Management at **1-855-285-7466**.

Initial Crisis Intervention Notification Request Form

Service Information

Date of service: _____ Time service began: _____ Time service ended: _____

Place of service: Home School Other: _____

All participants in the session: _____

Summary of the crisis/symptoms and interventions completed: _____

Outcome of the session: Member stabilized and returned home with supports.

 Member taken to ER for possible inpatient admission.

 Other: _____

Patient status at end of services: _____

Planned follow up of crisis intervention: _____

I certify that I have received crisis intervention services. I understand payment will be from federal, state, and local funds. These are sometimes called public funds. I also understand that if I conceal facts or make false claims, statements, or documents, I may be prosecuted. By signing below, I agree that I (or my child) have received these services.

Member/legal guardian signature: _____ Date: _____

Member and/or legal guardian declined

Member and/or legal guardian unable to sign the encounter form due to: _____

Provider signature: _____ Date: _____

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