

Submit to: Aetna Better Health of Illinois UM Phone 1-866-239-4701/Fax 1-844-528-3453

BH MOBILE CRISIS NOTIFICATION FORM

Please print clearly – incomplete or illegible forms will delay processing. ALL SECTIONS MUST BE COMPLETED.

Date		
MEMBER INFORMATION	PROVIDER INFORMATION	
Name	Provider Name (print)	
DOB	Provider/Agency Tax ID #	
Member ID #	Provider/Agency NPI Sub Provider #	
	Phone	Fax
CURRENT ICD DIAGNOSIS		
Primary	Has contact occurred with family? Yes \square No \square	
Secondary		
Tertiary		
Additional	Time of call by provider/agency Time of assessment by provider/agency	
Additional		
	If no, date/time/name	of 24-hour follow-up appointment:
POSSIBLE BH CRISIS	\rightarrow $\&$	→ 90
Member identified	If Mobile Crisis	MCR Responder
and CARES is called	appropriate, CARES dispatchtoMCRteam	arrives in 90 minute window
		I
IM-CAT and Crisis Safety Plan completed	Member is placed in a higher level of care	Provider can bill crisis intervention, crisis stabilization, and case management* for up to 30 days post- crisis event without prior authorization
l¥≡ ↓	Member is stabilized in the community	(*Case management requires prior authorization after 200 units)

Clinician Signature

Date

Clinician Signature

Date

PLEASE ATTACH: IM–CAT and crisis stabilization plan

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