

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 INFORMA	ΓΙΟΝ	
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:		
	Member identified and CARES is called	If Mobile Crisis appropriate, CARES dispatchtoMCRteam	MCR Responder arrives in 90 minute window	
I			Ι	
IM-CAT and Crisis Safety Plan completed	` ● 翩	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	
×=		Member is stabilized in the community	(*Case management requires prior authorization after 200 units)	
		Scan the QR code to view options for mer	virtual provider I	

IL-20-07-21



Clinician Signature

Date

Clinician Signature

Date

PLEASE ATTACH: IM–CAT and crisis stabilization plan

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AetnaBetterHealth.com/Illinois-Medicaid IL-20-07-21