

When complete, please fax the request to AmeriHealth Caritas Delaware Behavioral Health Utilization Management (BH UM) at **1-877-234-4273**. If you have questions, please call BH UM at **1-855-301-5512**.

Crisis intervention service notification is to be submitted to AmeriHealth Caritas Delaware BH UM department within two business days once the service has been provided. Following notification of a crisis intervention service, an authorization number will be provided to the provider within 10 business days of receipt of request. All out-of-network provider requests will be reviewed for the medical necessity of the 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 services?	
<input type="checkbox"/> Member or parent <input type="checkbox"/> State agency: <input type="checkbox"/> Other:	
<input type="checkbox"/> Primary care provider (PCP) <input type="checkbox"/> Therapist or psychiatrist <input type="checkbox"/> School	
Member primary diagnosis:	

Provider information	
Provider name:	NPI number:
Group or agency name:	
Phone:	Fax:
Physical address:	
The provider is: <input type="checkbox"/> In network <input type="checkbox"/> Out of network <input type="checkbox"/> In the credentialing process	
Provider credentials: <input type="checkbox"/> M.D. <input type="checkbox"/> Ph.D. <input type="checkbox"/> L.M.H.P. <input type="checkbox"/> Bachelor-level nurse practitioner <input type="checkbox"/> Other:	
Provider contact name:	

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

Crisis Intervention Notification Request Form



Service information		
Date of service:	Time service began:	Time service ended:
Place of service:	<input type="checkbox"/> Home	<input type="checkbox"/> School <input type="checkbox"/> Other:
All participants in the session:		
Summary of the crisis or symptoms and interventions completed:		
Outcome of the session: <input type="checkbox"/> Member stabilized and returned home with supports. <input type="checkbox"/> Member taken to ER for possible inpatient admission. <input type="checkbox"/> Other:		
Patient status at end of services:		
Planned follow-up of crisis intervention:		
I certify that I have received crisis intervention services. I understand that 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 has received these services.		
Member or legal guardian signature:		Date:
<input type="checkbox"/> Member and/or legal guardian declined <input type="checkbox"/> Member and/or legal guardian is unable to sign the encounter form due to:		
Provider signature:		Date:

Providers can also submit a notification of initial crisis intervention services via the AmeriHealth Caritas Delaware NaviNet provider portal and obtain an authorization number at the time of submission.

