



Care First (H2011) Crisis Form

Care First services are interventions provided in response to a new Adult NorthSTAR Enrollee in order to reduce the acute symptoms of severe and persistent mental illness. Care First services must be provided by a crisis intervention trained QMHP-CS. This code cannot be billed on persons admitted to an acute care facility. This request for authorization must be submitted within 24 hours of the service. 4 Units will be authorized and additional units can be requested up to a total of 12 units for 14 days.

Demographics:

Member Name _____ NorthSTAR ID _____
Provider: _____ Provider Number _____

Date of service _____ Service Start Time: _____
Service End Time: _____

Request for 8 additional Units for next 14 days?
 Yes No

Presenting Problem (Crisis Precipitant):

Presumptive Diagnosis:

Description of initial intervention:

Medication / Physician Intervention:

Follow-up (next appointment and TRAG assessment Date):

Medication Prior Authorization attached yes no

Person completing form : _____ (Phone) _____

Please fax form to 972-906-2789