IDAHO PSYCHOSOCIAL REHABILITATION PROGRAM
REQUEST FOR COMMUNITY CRISIS SUPPORT HOURS (Rev 11/15/07)

AGENCY NAME/Region _____ **PID#:** _____

CONSUMER NAME: _____ **MID#:** _____

Date Crisis Began: **Date Crisis Ended:**	**Total Hours Requested:**
Date of Request:	
Provider Agency Worker Signature:	**Date:**

FOR MEDICAID MENTAL HEALTH PA UNIT USE ONLY

Crisis Hours Authorized:	_____	**Units:**	_____	**IPA #**	_____
Authorization Date:	_____	**IPA Start**	_____	**Stop**	_____
RMMHPA Staff Name:	_____				
RMMHPA Signature:					

123.04: Community crisis support hours are requested to ensure the consumer's health or safety or prevent hospitalization or incarceration.

This crisis is precipitated by (check all that apply):

- ☐ **loss of housing**
- ☐ **loss of employment or reduction of income**
- ☐ **family altercation/conflict**
- ☐ **other emergency:** _____
- ☐ **risk of incarceration**
- ☐ **risk of physical harm to self or others**
- ☐ **risk of out-of-home placement**

1. Describe the crisis and what circumstances lead to this crisis.

2. How did you manage the crisis to ensure the consumer's health or safety?

3. Action Plan: What is your agency's proactive response to resolving the crisis? (be specific)

IDAPA 16.03.10.123.04 PSR CRISIS INTERVENTION… Service is reimbursable if there is documentation that supports the need for service and the individualized treatment is either authorized the next business day following the beginning of the crisis or prior authorized in anticipation of the need for crisis support. Crisis hours are authorized on a per incident basis. (1-1-07)
124.04 PSR CRISIS SERVICE LIMITATIONS. A maximum of twenty (20) hours of crisis support in a community may be reimbursed per crisis during any consecutive five (5) day period. Authorization must follow procedure described at Subsection 123.04 rules.

AGENCY FAX # _____