

NARBHA CRISIS TRIAGE / PM FORM 10.15.1

Person's Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_ Time of Request: \_\_\_\_\_ AM or PM
Log 4 & 5 Log 1 Log 2
D.O.B. \_\_\_\_\_ Person's ID # \_\_\_\_\_ Referral Source Code: \_\_\_\_\_ TXIX/TXXI - Circle: Y N Unknown
Log 6 Log 7 Log 3 Log 8
Circle: Enrolled Non-enrolled Unknown Program - Circle: C S M G (SA) (if not enrolled, use C or M based on age)
Log 9 Log 11
Type of Crisis Triage: [ ] Walk-in to SAA/TAA [ ] Telephone call to SAA/TAA [ ] During Services at SAA/TAA [ ] ProtoCall Call Forwarded to SAA
Log 10 Log 10 Log 10 Log 10
Location of Client: [ ] Home [ ] SAA/TAA [ ] ER [ ] Jail (adults) [ ] Detention (Youth) [ ] Community location \_\_\_\_\_
[ ] Hospital (name) \_\_\_\_\_ [ ] Other: \_\_\_\_\_

\*\*\*\*SECTION I: TRIAGE\*\*\*\*

Presenting Problem or Request for Assistance: \_\_\_\_\_

Triage Acuity: (Log 12)

- [ ] Immediate (requires response within less than two hours) for persons who are dangerous to self or to others, or acutely disabled
[ ] Urgent (requires response within less than 24 hours) for persons who may experience further decompensation
[ ] Low / Routine (requires response within 7 days) for persons with clinical needs

Service Response Date: \_\_\_\_\_ Service Response Time: \_\_\_\_\_ AM or PM SAA/TAA Agency AHCCCS Provider ID \_\_\_\_\_
Log 14 Log 15 Log 16

\*\*\*\*SECTION II: DISPOSITON\*\*\*\*

IMMEDIATE or URGENT SERVICES (Check each that applies)

- [ ] Called 911 (needs medical first responder or immediate police intervention to prevent serious impairment, dysfunction or jeopardy) (Log 13-911)
Reason: \_\_\_\_\_
[ ] Consulted with SAA/TAA Medical Practitioner Name: \_\_\_\_\_ Time: \_\_\_\_\_
(This MUST be done PRIOR to any referral to ER). Describe results of consult below:
[ ] Referred to ER for Evaluation of Possible Emergency Medical Condition ( EMC ) . (Log 13 - MedER)
Nature of EMC: \_\_\_\_\_
[ ] Direct Admission to Inpatient (Log 13-DA) [ ] Face-to-Face Psychiatric Assessment (Log 13-FTF)
[ ] Other Medical Practitioner Recommendation: (Log 13- OMPRec) \_\_\_\_\_
[ ] Provided On-site (SAA/TAA) Crisis Assessment - (walk-ins only) (Log 13-WCA)
[ ] Provided Mobile (FACE-TO-FACE) Crisis Assessment: (Log 13- MC) [ ] Other Service provided (Log 13-OS) Explain why Mobile Crisis services were not provided: \_\_\_\_\_
[ ] SAA/TAA Secured / Insured Transportation:
[ ] Non-emergency ambulance carrier (Log 19-NEAC) [ ] Friend/Neighbor/Relative (Circle one) (Log 19-F/N/R) [ ] Other (Log 19-O)
Describe: \_\_\_\_\_
[ ] SAA/TAA Secured Police Assistance (Log 20) - Clinical Justification: \_\_\_\_\_

\*Required: Describe Who / How / When SAA / TAA will Follow-up: \_\_\_\_\_

LOW / ROUTINE SERVICES (MUST occur within 7 days)

- [ ] Arranged Case management (Log 13-CM) [ ] Arranged Routine Assessment (Log 13-RA) [ ] Referral (Log 13-Ref) [ ] Arranged Follow-up by SAA/TAA
(Log 13-FU) [ ] Other Service (Log 13- OS) Details (Who, What, When): \_\_\_\_\_

\*\*\*\*SECTION III: SAA/TAA CRISIS TRIAGE BILLING\*\*\*\*

[ ] Crisis Triage Telephone [ ] Crisis Triage Walk-in (Use case management codes): Service Code \_\_\_\_\_ Place of Service Code \_\_\_\_\_ Duration \_\_\_\_\_
[ ] Mobile Crisis Single / H2011 Place of Service Code: \_\_\_\_\_ [ ] Mobile Crisis 2 Person / HT 2011 HT Place of Service Code: \_\_\_\_\_
(Log 17) (Log 18) (Log 17) (Log 18)

Print Staff Name/ \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Credentials

Print BHP Name (if done by BHT) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_