NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

MOLINA HEALTHCARE

Please fax to 866-879-4742

TWO-DAY NOTIFICATION and INITIAL TREATMENT PLAN

For use by inpatient psychiatric hospitals to notify contracted insurers regarding children under 18 admitted for inpatient mental health treatment.*

Patient Name:	Date of Birth:
Legal Guardian (and phone number):	Insurance Plan Name and ID #:
Admitting Hospital:	Date of Admission:

Diagnoses

Mental Health:	Co-occurring SUD:	Medical:
1.	☐ NO ☐YES (list): 1.	☐ NO ☐YES (list): 1.
2.	2.	2.
3.	3. ☐Tobacco (or other nicotine) Use Disorder	3.

Chief Complaint:

Medical and/or SUD Problem(s) in Need of Acute Stabilization (if applicable):

Initial Treatment Plan

Medications (include name, dose and frequency – Attach additional sheets if necessary):		

Psychotherapy: ☐ Individual ☐Family ☐ Group

Consultations (if applicable):

Coordination of Care with other providers:

Preliminary Discharge Plan:

Treatment for SUD (if applicable): ☐ Nicotine Replacement Therapy ☐Naloxone ☐Buprenorphine ☐Other:

Assigned Clinician(s) to Coordinate with Plan (name and phone number):

Clinician Signature	Print Name and Title	Date

*Refer to the guidance memo issued by OMH titled, "Prohibition Against Preauthorization and Concurrent Review During First 14 Days of an Inpatient Admission for a Mental Health Condition for Individuals Under 18" released on December 30, 2019.