

CRISIS RESIDENCE ADMISSION NOTIFICATION FORM

This form may be submitted to insurers to notify them of enrollees aged 18 and older admitted to OMH licensed Residential Crisis Support or Intensive Crisis Residence Programs.*

Individual's Name:	Date of Birth:	Contact Information:
Legal Guardian (if applicable):		Insurance Plan Name and ID:
Name of Crisis Residential Program:		Date of Admission:
Check Program Type: <input type="checkbox"/> Residential Crisis Support <input type="checkbox"/> Intensive Crisis Residence		

Reason(s) for Admission

Mental Health Symptoms:	Co-occurring SUD:	Medical:
	<input type="checkbox"/> NO <input type="checkbox"/> YES (list):	<input type="checkbox"/> NO <input type="checkbox"/> YES (list):
1.	1.	1.
2.	2.	2.
3.	3.	3.

Initial Service Plan

Services Individual is Receiving (include Crisis Residence services and other outpatient services):		

Consultations (if applicable):

Coordination of Care with other providers:

Estimated Length of Stay (in days):

Preliminary Discharge Plan:

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

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

Staff Signature	Print Name and Title	Date
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*For more information, refer to the *Crisis Residence Benefit and Billing Guidance* documents issued by OMH, released in October, 2020. The guidance is posted here: <https://omh.ny.gov/omhweb/bho/crisis-intervention.html>.

*Medicaid Managed Care plans are not required to use/accept this form, and may develop their own. Please check with an individual's Medicaid Managed Care plan about their admissions notification process.