NEW YORK STATE | Office of Mental Health

February 2025

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.[1]

Individual's Name:	Date of Birth:	
Contact Information:	Legal Guardian (if applicable) and Contact Info:	
Medicaid/ID #:	Insurance Plan Name and ID:	
Name of Crisis Residential Program:	Agency Tax ID #:	Date of Admission:

Check Program Type: ☐ Residential Crisis Support ☐ Intensive Crisis Residence

Reason(s) for Admission

Mental Health Symptoms / Mental Health Diagnoses (if applicable):
1.
2.
3.

Additional Comments:

Initial Service Plan

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

[1] Medicaid Managed Care Plans (MMCP) are not required to use/accept this form, and may develop their own. Please check with an individual's MMCP about their admissions notification process. For more information, refer to the *Crisis Residence Benefit and Billing Guidance* available on the Managed Care Crisis Intervention web page.

Consultations (if applicable):

Coordination of Care with other providers (including BH provider contact information):

Estimated Length of Stay (in days):

Preliminary Discharge Plan:

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

Staff Signature	Print Name and Title	Date