NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

REQUEST FOR EXTENSION OF CSIDD SERVICES

To request an extension of Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD), please complete the fields below and submit this form, along with required documentation to your OPWDD Regional Office Liaison.

Individual's Name:	
TABS ID:	
Medicaid CIN:	
Date Extension Submitted:	

LENGTH OF ENROLLMENT

CSIDD Referral Submittal Date:	
CSIDD Planned Discharge Date:	
CSIDD Extended Discharge Date:	

Services must be clinically necessary for the level of intensity requested. A Behavioral Presentation Intensity Review (BPIR) reassessment and an updated Treatment Plan are required.

Clinical Justification

Please attach the following (all are required):

- ☐ Recently Administered BPIR *(administered within the last 5 business days)*
- ☐ Current Treatment Plan
- ☐ Reason for extension request
- ☐ Anticipated goals to be reached within the requested extension period

CSIDD Provider Information

Provider Agency:	
Contact Name:	
Contact Phone Number:	

Regional Office CSIDD Extension Request Determination

- ◯ Request for Extension is Approved; BPIR Tier Level: _____
- ◯ Request for Extension is Denied; Explain:

Name of Regional Office Reviewer:_____

Date of Determination:_____