

# **Commonwealth of Massachusetts**

## **Executive Office of Health and Human Services**

### **Additional Required Documentation and Information for Acute Hospital Implementation of Emergency Department Behavioral Health Crisis Evaluations**

Please submit this form to the following address by October 14, 2022. Electronic mail is preferred.

Ashby Gaines, LICSW  
Senior Manager of Contracting and Operations  
MassHealth Office of Behavioral Health  
[Ashby.S.Gaines@mass.gov](mailto:Ashby.S.Gaines@mass.gov)  
One Ashburton Place, 10<sup>th</sup> Fl.  
Boston, MA 02108

Please list the name of your organization:

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Please list the staff members at your organization which will be conducting Emergency Department Behavioral Health Evaluations below, including staff licensure and employer (subcontracted vs staff from your organization):

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Please estimate the number of anticipated Emergency Department Behavioral Health Evaluations you expect to perform on a monthly basis beginning January 1, 2023.

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Please describe how you will ensure that appropriate staff is available to conduct an Emergency Department Behavioral Health Evaluation within 60 minutes of patient readiness:

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Please describe how you will oversee quality and timeliness of subcontractor-provided Emergency Department Behavioral Health Evaluations, if you are using subcontractors for any such Evaluations:

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Please describe how you will oversee and ensure appropriate disposition and warm hand-off to the community, including to CBHC providers, for individuals receiving an Emergency Department Behavioral Health Evaluation:

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Please describe below any anticipated barriers to completing the volume of Emergency Department Behavioral Health Evaluations listed above beginning on January 1, 2023.

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Please attach to this form copies of any agreements, protocols, or written materials describing your arrangements with CBHCs for coordination of behavioral health crisis care.

Organization name \_\_\_\_\_

Signature \_\_\_\_\_

Print name \_\_\_\_\_