

# EPIA Referral System

## Online Referral Form

[Expedited Psychiatric Inpatient Admission \(EPIA\) Referral Form \(mass.gov\)](https://www.mass.gov/info-details/epia-referral-form)

# How to Access New Referral Form

## [Expedited Psychiatric Inpatient Admissions | Mass.gov](https://www.mass.gov/expedited-psychiatric-inpatient-admissions)

<https://www.mass.gov/expedited-psychiatric-inpatient-admissions>

### Step 1:

Go to the EPIA website on *Mass.gov*

### Step 2:

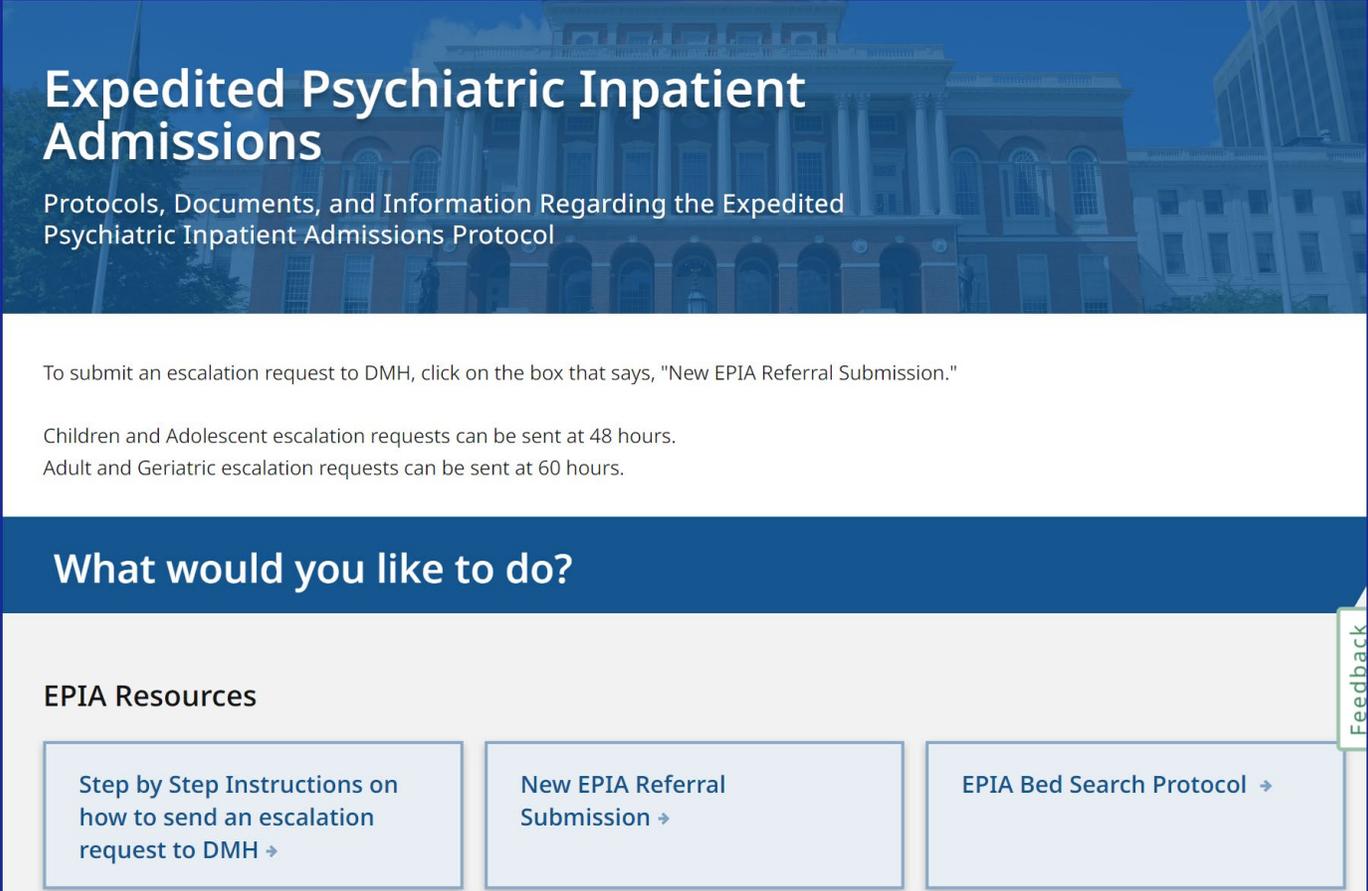
Scroll down to EPIA Resources section

### Step 3:

Click on the box that says  
"New EPIA Referral Submission"

### Step 4:

The new EPIA Referral Form will open to the Welcome Page.



The screenshot shows the website's header with the title "Expedited Psychiatric Inpatient Admissions" and a subtitle "Protocols, Documents, and Information Regarding the Expedited Psychiatric Inpatient Admissions Protocol". Below this, there is a white box with instructions: "To submit an escalation request to DMH, click on the box that says, 'New EPIA Referral Submission.'" and "Children and Adolescent escalation requests can be sent at 48 hours. Adult and Geriatric escalation requests can be sent at 60 hours." A dark blue bar contains the question "What would you like to do?". Underneath, the "EPIA Resources" section features three buttons: "Step by Step Instructions on how to send an escalation request to DMH →", "New EPIA Referral Submission →", and "EPIA Bed Search Protocol →". A vertical "Feedback" button is on the right edge.

## Expedited Psychiatric Inpatient Admissions

Protocols, Documents, and Information Regarding the Expedited Psychiatric Inpatient Admissions Protocol

To submit an escalation request to DMH, click on the box that says, "New EPIA Referral Submission."

Children and Adolescent escalation requests can be sent at 48 hours.  
Adult and Geriatric escalation requests can be sent at 60 hours.

### What would you like to do?

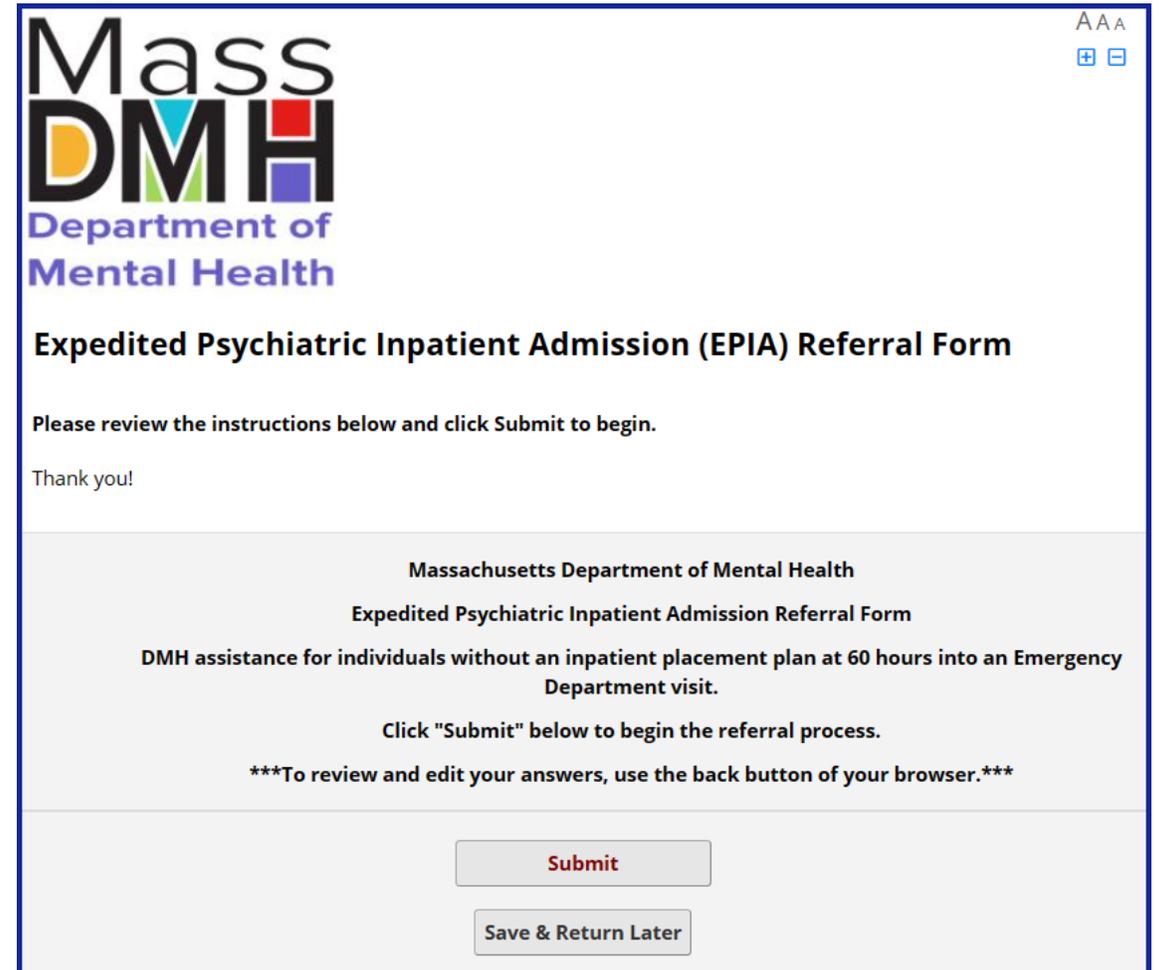
#### EPIA Resources

- Step by Step Instructions on how to send an escalation request to DMH →
- New EPIA Referral Submission →
- EPIA Bed Search Protocol →

Feedback

# Welcome Page

- Review the instructions
- Click on **Submit** button to begin referral.



The screenshot shows the Mass DMH logo at the top left, with the text "Mass DMH Department of Mental Health". In the top right corner, there are accessibility icons for font size (AAA) and a plus sign. The main heading is "Expedited Psychiatric Inpatient Admission (EPIA) Referral Form". Below this, it says "Please review the instructions below and click Submit to begin." followed by "Thank you!". A grey box contains the following text: "Massachusetts Department of Mental Health", "Expedited Psychiatric Inpatient Admission Referral Form", "DMH assistance for individuals without an inpatient placement plan at 60 hours into an Emergency Department visit.", "Click 'Submit' below to begin the referral process.", and "\*\*\*To review and edit your answers, use the back button of your browser.\*\*\*". At the bottom, there are two buttons: "Submit" and "Save & Return Later".

[Expedited Psychiatric Inpatient Admission \(EPIA\) Referral Form \(mass.gov\)](https://www.mass.gov)

# Referring Organization

Captures information about who is submitting the referral

On each page you will find the following:

## Required Fields

- Must be answered before continuing to the next page.
- Indicated by the following: **\* must provide value**

## Submit Button

- Saves data entered
- Verifies required information is entered
- Advances to the next page.

## Save & Return Later

- Saves data entered
- Displays the Save Data page.
- Emails a link to return to page

The screenshot shows the 'Referring Organization' form within the Mass DMH Department of Mental Health interface. The form is titled 'Referring Organization' and contains several input fields, each with a red asterisk indicating it is a required field. The fields are: 'Your First Name', 'Your Last Name', 'Your Cell Phone', 'Your Email Address', and 'Referring Organization Name (If your organization is not found, type and select "Other")'. The 'Referring Organization Name' field is a dropdown menu. At the bottom of the form, there are two buttons: 'Submit' and 'Save & Return Later'. The Mass DMH logo is visible in the top left corner, and the text 'Department of Mental Health' is below it. In the top right corner, there are accessibility icons for 'AAA' and a grid icon.

Mass  
DMH  
Department of  
Mental Health

Referring Organization

Your First Name  
\* must provide value

Your Last Name  
\* must provide value

Your Cell Phone  
\* must provide value

Your Email Address  
\* must provide value

Referring Organization Name (If your organization is not found, type and select "Other")  
\* must provide value

Submit

Save & Return Later

# Patient Demographics

Captures demographic information about the patient

## Fields include

- First Name
- Last Name
- DOB
- Age (automatically calculated based on DOB)
- Gender
- Race
- Hispanic
- Ethnicity

The screenshot shows the 'Patient Demographics' form in the Mass DMH system. The form is titled 'Patient Demographics' and includes the following fields and options:

- First Name:** A text input field with a red asterisk and the text '\* must provide value' below it.
- Middle Name:** A text input field.
- Last Name:** A text input field with a red asterisk and the text '\* must provide value' below it.
- DOB:** A date picker with a calendar icon, a 'Today' button, and 'M-D-Y' format. It has a red asterisk and the text '\* must provide value' below it.
- Age:** A text input field.
- Gender:** A dropdown menu with options: Male, Female, Transgender Male / Masculine, Transgender Female / Feminine, Non-Binary / Gender Queer, and Chooses Not to Disclose. It has a red asterisk and the text '\* must provide value' below it. A 'reset' link is located to the right of the dropdown.
- Race:** A dropdown menu with options: Asian, American Indian / Alaskan Native, Black or African American, Native Hawaiian / Pacific Islander, White, Other, Unknown, and Chooses Not to Self-Identify. It has a red asterisk and the text '\* must provide value' below it. A 'reset' link is located to the right of the dropdown.
- Hispanic:** A dropdown menu with options: Yes and No. It has a red asterisk and the text '\* must provide value' below it. A 'reset' link is located to the right of the dropdown.
- Ethnicity (Click [here](#) for examples):** A text input field with a red asterisk and the text '\* must provide value' below it.

At the bottom of the form, there are two buttons: 'Submit' and 'Save & Return Later'.

# Patient Name / DOB Displays in Page Header

The patient's **Last Name**, **First Name**, and **DOB** will appear in the page header as the information is entered on the *Patient Demographics* page.

This information will continue to display on all the remaining pages.

| Patient Demographics                              |  |
|---|--|
| Smyth, John - 05-24-1990                          |  |
| First Name<br><small>* must provide value</small> | <input type="text" value="John"/>  |
| Middle Name                                       | <input type="text"/>   |
| Last Name<br><small>* must provide value</small>  | <input type="text" value="Smyth"/>   |
| DOB<br><small>* must provide value</small>        | <input type="text" value="05-24-1990"/>  <input type="button" value="Today"/> M-D-Y |
| Age   | <input type="text" value="32"/>  |

## Patient Guardian

Smyth, John - 05-24-1990

## Insurance

Smyth, John - 05-24-1990

# Patient Guardian

Captures information about the patient's guardian

## Choices

**Self** = patient doesn't have a guardian

**Parent** = the patient's parent

**Other** = individual who has the authority to make decisions on behalf of the patient.

The screenshot shows the 'Patient Guardian' form for patient 'Smyth, John - 05-24-1990'. The form title is 'Patient Guardian'. The question is 'Who is the patient's guardian?' with a red asterisk and the text '\* must provide value'. There are three radio button options: 'Self', 'Parent', and 'Other'. A 'reset' link is located to the right of the 'Other' option. At the bottom of the form, there are two buttons: 'Submit' and 'Save & Return Later'. The Mass DMH logo and 'Department of Mental Health' are visible in the top left corner. In the top right corner, there are accessibility icons for font size (AAA), a plus sign, and a minus sign.

# Insurance

Captures the patient's insurance information

## Fields include

- Does patient have health insurance
- Does patient have MassHealth
- Name of Insurance Carrier (dropdown list)
- Plan Type
  - A **Yes** response will trigger additional fields (*see next page*)
- Name of secondary insurance

Mass DMH Department of Mental Health

Insurance

Smyth, John - 05-24-1990

Does the patient have health insurance?  
\* must provide value

Yes No reset

Does the Patient have MassHealth?  
\* must provide value

Yes No reset

Insurance Carrier (Type and Select "Other" if Not Found)  
\* must provide value

Plan Type  
\* must provide value

Commercial - In State  
Commercial - Out of State  
Health Safety Net  
MassHealth - ACO/MCO  
MassHealth - Fee For Service  
MassHealth - Plan Unspecified  
MBHP (Primary Care Clinician (PCC) Plan  
Medicaid only - Out of State  
Medicare-Medicaid  
Medicare Only  
Uninsured reset

Has the patient's insurance company been notified?  
\* must provide value

Yes No reset

Secondary Insurance Carrier (Type and Select "Other" if Not Found)

Submit  
Save & Return Later

# Insurance Notification

Captures additional information about notifying the patient's insurance.

## Fields include

- Date and time requested assistance from insurance carrier
- What additional services have been requested / authorized
  - Can select multiple items from the list.

The screenshot shows a web form with three main sections. The first section, titled "Has the patient's insurance company been notified?", has a green background and contains two buttons: "Yes" (highlighted in blue) and "No". Below the buttons is a "reset" link. The second section, "Request for Assistance to Insurance Carrier", has a light gray background and contains a text input field, a date-time picker set to "Now", and a "M-D-Y H:M" label. The third section, "Services Requested / Authorized to Support Admission (If Not Listed, Select 'Other' and Specify)", also has a light gray background and contains a list of five items, each with a plus icon in a circle: "1:1", "Enhanced Medical Supports", "Extra Staffing", "Single Room", and "Other". All three sections have a red asterisk and the text "\* must provide value" below the title.

## Important:

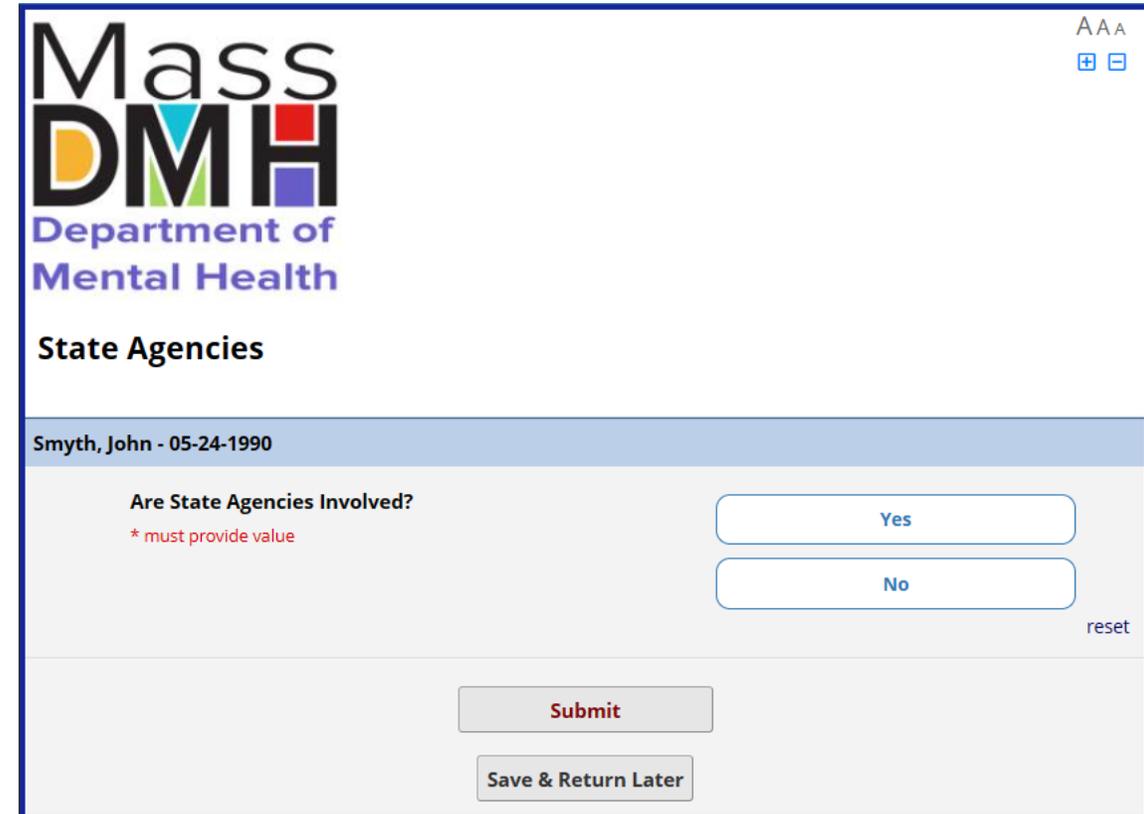
These fields will only display if **Yes** is selected at the *Has Patient's insurance company been notified* prompt

# State Agencies

Captures information about State Agency Involvement

## Fields include

- Are state agencies involved
  - A **Yes** response will trigger an additional field field (*see next page*)



The screenshot shows a web form for the Mass DMH Department of Mental Health. The form is titled "State Agencies" and is for a user named "Smyth, John" with a date of birth "05-24-1990". The main question is "Are State Agencies Involved?" with a red asterisk and the text "\* must provide value". There are two radio button options: "Yes" and "No". At the bottom of the form, there are three buttons: "Submit", "Save & Return Later", and a "reset" link.

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State Agencies

Smyth, John - 05-24-1990

Are State Agencies Involved?  
\* must provide value

Yes

No

reset

Submit

Save & Return Later

# State Agencies List

Select one or more state agencies

## Multiple Selection List

- The plus sign  next to each agency indicates more than one item can be selected.

### State Agencies

Smyth, John - 05-24-1990

**Are State Agencies Involved?**  
\* must provide value

reset

**State Agencies Involved**  
\* must provide value

# Boarding

Captures information about the boarding location

## Fields include

- Name of the boarding hospital (drop-down list)
- Contact number to discuss patient's clinical presentation and update on bed search effort
- Date and time of initial evaluation.
- Upload the initial evaluation
- Upload the most recent mental status exam if the patient has been boarding 7 days or longer.

### Important:

If patient is under 18 years of age (defined on Patient Demographics page) then parental preference field will display. If 18 or older this field will not display.

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Boarding

Smyth, John - 05-24-1990

Boarding Hospital (Type and Select "Other" if Not Found)  
\* must provide value

Contact Number for Immediate Access (to discuss patient's clinical presentation and updated bed-search efforts)  
\* must provide value

Initial Evaluation Date  
\* must provide value

Initial Evaluation  
\* must provide value [Upload file](#)

If Boarding 7 Days or Longer. Upload Most Recent Mental Status Exam [Upload file](#)

Submit

Save & Return Later

Parental Preference for Inpatient Facilities.  
\* must provide value

Expand

# Upload Initial Evaluation

Upload the initial evaluation documented on the patient

## Upload process

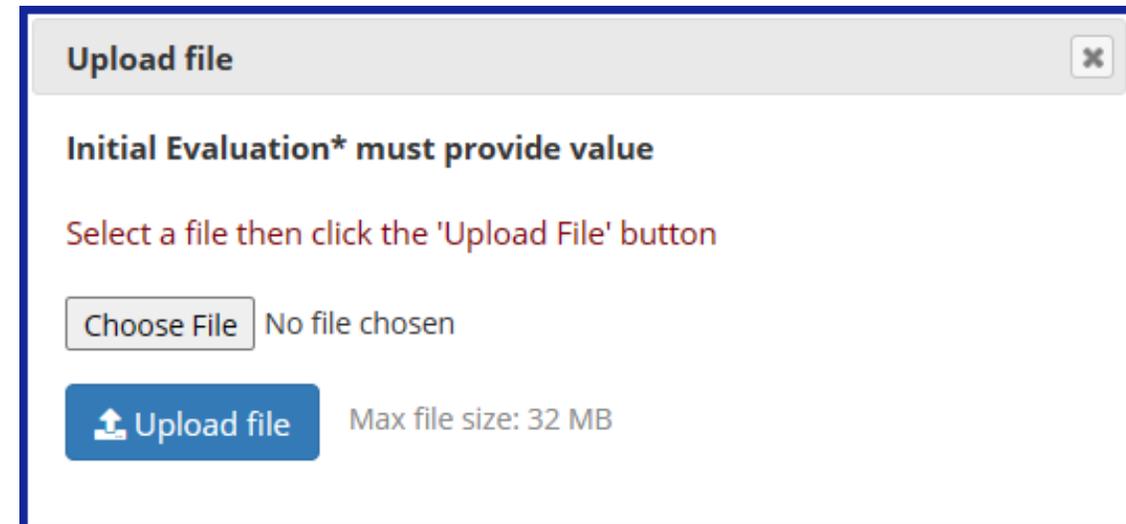
- On the *Boarding* page, click on **Upload file** link
- The **Upload file** window will open.
- Click **Choose File** to open a new window showing your local files.
- Select the file that contains the initial evaluation for the patient.
- On the *Upload file* window, click on the **Upload file** button.
- The file will be uploaded, and the screen will return to the boarding page.

*Upload file link*



A screenshot of a form field labeled "Initial Evaluation". The text "Initial Evaluation" is in bold black font. Below it, in red, is the text "\* must provide value". To the right of the field is a green link with an upward arrow icon and the text "Upload file".

*Upload file window*



A screenshot of a window titled "Upload file" with a close button (X) in the top right corner. The window contains the following text: "Initial Evaluation\* must provide value" in bold black font, followed by "Select a file then click the 'Upload File' button" in red font. Below this is a "Choose File" button with the text "No file chosen" to its right. At the bottom, there is a blue "Upload file" button with an upward arrow icon and the text "Max file size: 32 MB" to its right.

# Patient History

Captures information about the patient's psychiatric history

## Fields include

- Diagnoses (multi-select)
  - A **Yes** response will trigger additional fields (*see next page*)
- Was the patient an initial medical admission
  - A **Yes** response will trigger additional fields (*see next page*)
- Psychiatric inpatient stays in last 12 months
  - A **Yes** response will trigger additional fields (*see next page*)

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AAA  
☰ ☱

### Patient History

Smyth, John - 05-24-1990

**Diagnoses**  
\* must provide value

- ADHD
- Adjustment Disorder
- Anxiety
- ASD
- Bipolar
- Dementia
- Depression
- Disruptive Mood Disregulation Disorder
- ID/Developmental Disorder
- Impulse Control or Conduct Disorders
- Medical Comorbidity
- Personality Disorder
- PTSD
- Schizoaffective
- Schizophrenia
- Substance Use Disorders

**Was the patient an initial medical admission?**  Yes  No  
\* must provide value reset

**In the last 12 months has this patient had any psychiatric inpatient stays?**  Yes  No  
\* must provide value reset

**Submit**

**Save & Return Later**

# History: Medical Admission and Psychiatric Hospital Stays

|   |  |       |
|---|--|-------|
| <b>Was the patient an initial medical admission?</b><br><i>* must provide value</i> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No | reset |
| <b>Is the Patient Medically Cleared?</b><br><i>* must provide value</i>             | <input type="radio"/> Yes<br><input type="radio"/> No            | reset |

## Additional fields for *Medical complexity* include

- Is the patient medically cleared

|   |  |       |
|---|--|-------|
| <b>In the last 12 months has this patient had any psychiatric inpatient stays?</b><br><i>* must provide value</i>               | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   | reset |
| <b>Number of times they have had a psychiatric inpatient stay (within 12 months)</b><br><i>* must provide value</i>             | <input type="text"/>   |       |
| <b>Date of Most Recent Psychiatric Inpatient Stay</b><br><i>* must provide value</i>  | <input type="text"/>  Today M-D-Y |       |
| <b>Location of Most Recent Psychiatric Inpatient Stay (Type and Select "Other" if Not Found)</b><br><i>* must provide value</i> | <input type="text"/>   |       |

## Additional fields for *Inpatient psychiatric stay* include

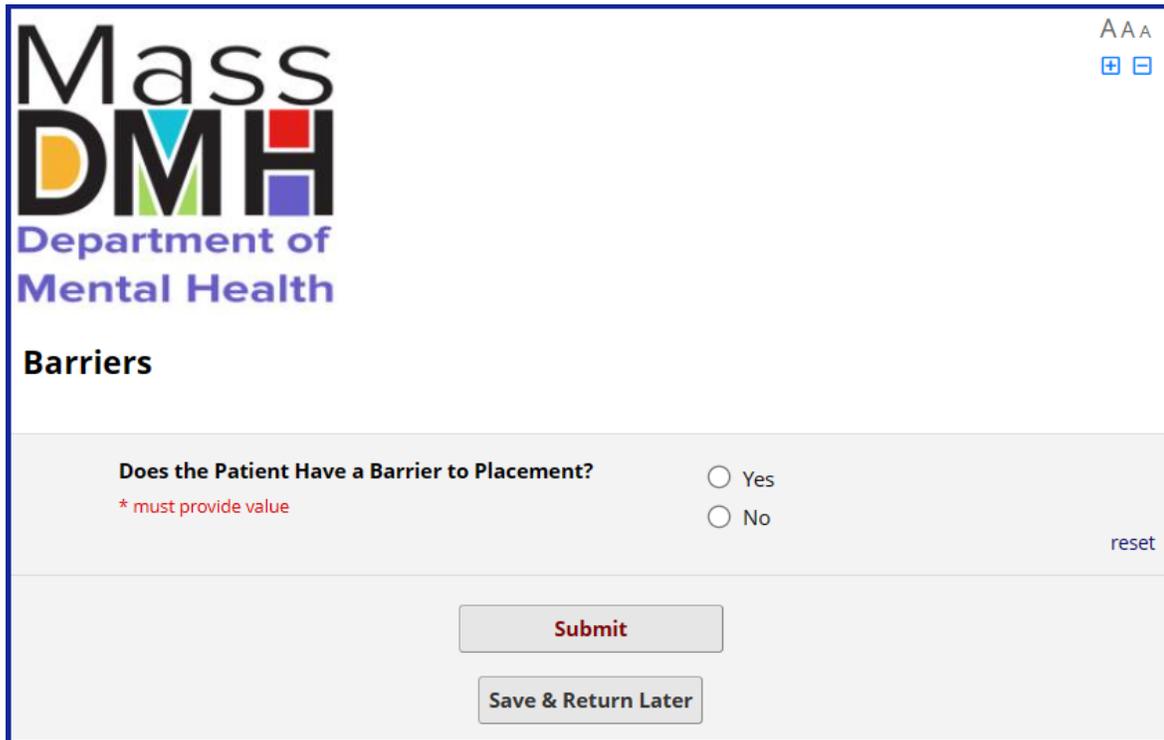
- Number of times in the last 12 months
- Date of most recent stay
- Location of the most recent stay

### Important:

- The additional medical admission fields will only appear if **Yes** is selected at the ***Was the patient an initial medical admission*** prompt.
- The additional inpatient psychiatric fields will only appear if **Yes** is selected at the ***In the last 12 months has this patient had any psychiatric inpatient stays*** prompt.

# Barriers to Placement

Captures information about placement barriers



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Mental Health

Barriers

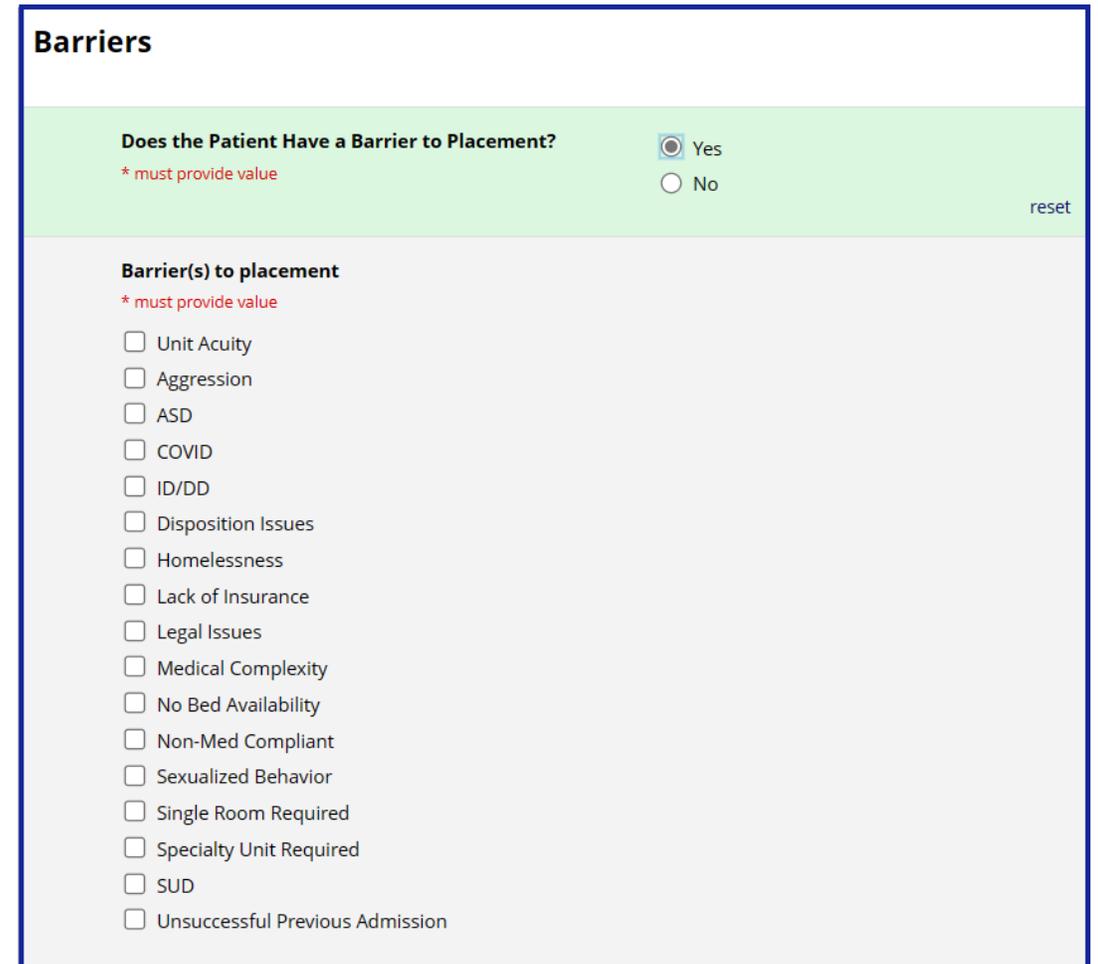
Does the Patient Have a Barrier to Placement?  Yes  
\* must provide value  No

reset

Submit

Save & Return Later

A **Yes** response will trigger additional fields



Barriers

Does the Patient Have a Barrier to Placement?  Yes  
\* must provide value  No

reset

Barrier(s) to placement  
\* must provide value

- Unit Acuity
- Aggression
- ASD
- COVID
- ID/DD
- Disposition Issues
- Homelessness
- Lack of Insurance
- Legal Issues
- Medical Complexity
- No Bed Availability
- Non-Med Compliant
- Sexualized Behavior
- Single Room Required
- Specialty Unit Required
- SUD
- Unsuccessful Previous Admission

# Certification

## Summary of responses entered for this referral

### Summary includes

- Submitter information
- Patient demographics
- Guardian
- Insurance
- Agencies
- Boarding
- History
- Placement
- Medical

### Fields include

- Signature

AAA

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### Certification

Smyth, John - 05-24-1990

Please Review Your Responses Below.  
(If you need to edit please use the back button on your browser. Blank lines indicate no answer was provided.)

**Submitter:**  
Janice Donahoe  
(508) 555-1212  
jdonahoe07@gmail.com  
Massachusetts General Hospital \_\_\_\_\_

**Patient:**  
John \_\_\_\_\_ Smyth  
05-24-1990 32 Male White \_\_\_\_\_ No English

**Guardian:**  
Self \_\_\_\_\_

**Insurance:**  
Yes No AllWays Health Partners, Inc. \_\_\_\_\_  
Commercial - In State Yes 01-06-2023 14:46  
Extra Staffing, Single Room \_\_\_\_\_

**Agencies:**  
No \_\_\_\_\_

**Boarding:**  
Massachusetts General Hospital \_\_\_\_\_  
Advocates \_\_\_\_\_ (617) 984-3652  
01-06-2023 14:57  
165  
\_\_\_\_\_

**History:**  
Anxiety, Depression, Medical Comorbidity  
Yes Yes  
1 03-16-2022 Massachusetts General Hospital

**Placement:**  
Yes Medical Complexity, No Bed Availability

I hereby certify that this Protected Health Information (PHI) and Personally Identifiable Information (PII) is correctly transcribed from the source to ensure the Confidentiality, Integrity and Availability of PHI/PII in accordance with HIPAA and that I will notify DMH of any data anomalies.

Upon signing and saving this form, DMH staff will be notified to engage in referral assistance for this patient.

1) **Signature** [Add signature](#)  
\* must provide value

Submit

Save & Return Later

# Signature Window

Captures signature of the person submitting this request

## How to add your signature

Hold down your **left mouse button** and drag the cursor in the signature field to sign your name.

Click **reset** to clear your signature and start over.

Once you are satisfied with your signature, click **Save signature** to add it to the referral form.



The screenshot shows a window titled "Add signature" with a close button (X) in the top right corner. Below the title bar, the text "Signature\* must provide value" is displayed. A large, light gray rectangular area with a dashed border is intended for the signature. A yellow arrow with the text "SIGN HERE" points to the top left corner of this area. At the bottom of the window, there is a blue button labeled "Save signature" and a blue text link labeled "reset".

# Final Step: Submit the Referral

## Activating the Escalation Process

### Submit Referral and Activate the EPIA Escalation Process

On the *Certification* page, click on **Submit** to complete the process of entering a referral and start the EPIA escalation process.

### The following will occur automatically once the referral is submitted

- Your screen will return to the EPIA website on mass.gov.
- You will receive an email titled EPIA Process Activation.
- The EPIA team at the Department of Mental Health will receive a notification that you have submitted a referral.

The screenshot shows the 'Certification' page for a referral submission. At the top left is the Mass DMH logo (Department of Mental Health). The page title is 'Certification' and the patient name is 'Smyth, John - 05-24-1990'. A note says 'Please Review Your Responses Below. (If you need to edit please use the back button on your browser. Blank lines indicate no answer was provided.)'. The form contains several sections with pre-filled information and blank lines for additional input:

- Submitter:** Janice Donahoe, (508) 555-1212, jdonahoe07@gmail.com, Massachusetts General Hospital
- Patient:** John Smyth, 05-24-1990 32 Male White, No English
- Guardian:** Self
- Insurance:** Yes No AllWays Health Partners, Inc., Commercial - In State Yes 01-06-2023 14:46, Extra Staffing, Single Room
- Agencies:** No
- Boarding:** Massachusetts General Hospital, Advocates (617) 984-3652, 01-06-2023 14:57, 165
- History:** Anxiety, Depression, Medical Comorbidity, Yes Yes, 1 03-16-2022 Massachusetts General Hospital
- Placement:** Yes Medical Complexity, No Bed Availability

A disclaimer states: 'I hereby certify that this Protected Health Information (PHI) and Personally Identifiable Information (PII) is correctly transcribed from the source to ensure the Confidentiality, Integrity and Availability of PHI/PII in accordance with HIPAA and that I will notify DMH of any data anomalies. Upon signing and saving this form, DMH staff will be notified to engage in referral assistance for this patient.'

At the bottom, there is a '1) Signature' field with a red asterisk and the text '\* must provide value'. To the right is a green link 'Add signature'. Below the signature field are two buttons: 'Submit' and 'Save & Return Later'.

# Process Activation Email

Email to confirm  
referral has been  
submitted

## EPIA Process Activation



Admission, Expedited (DMH) <expedited.admission@massmail.state.ma.us>



To: Donahoe, Janice (EHS)

Fri 01/27/2023 12:30 AM

EPIA Process has been activated for the following submission Record ID: 78.

DMH EPIA staff have been notified and will contact you to assist with advocacy for this patient.

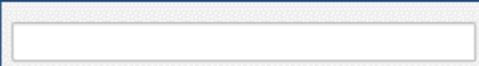
Confidentiality Notice: Protected Health Information from the Massachusetts Department of Mental Health: Protected Health Information is personal and sensitive information related to a person's health care. If this e-mail contains PHI, it is being emailed to you after appropriate authorization from the person or under circumstances that do not require the person's authorization.

Important Warning: This message is intended only for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, the disclosure, copying or distribution of this information is Strictly Prohibited. If you have received this message by error, please notify the sender immediately.

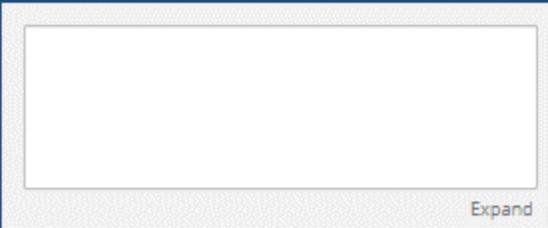
# Types of Data Fields

## Text Fields

### Single line text field

A simple rectangular text input field with a light gray border and a white background.

### Multi-line text field

A larger rectangular text input field with a light gray border and a white background. A small "Expand" button is located at the bottom right corner.

## Date / Time Fields

### Date field

A date input field consisting of a text box, a calendar icon, a "Today" button, and a "M-D-Y" format indicator.

### Datetime field

A datetime input field consisting of a text box, a calendar icon, a clock icon, a "Now" button, and an "M-D-Y:H:M" format indicator.

## Selection Fields

### Select single field

A selection field with three radio button options: "Self", "Parent", and "Other". A "reset" button is located at the bottom right.

### Select multiple field

A selection field with four plus-sign buttons and corresponding labels: "DCF", "DDS", "DMH", and "DYS".

### Select multiple field

- ADHD
- Adjustment Disorder
- Anxiety
- ASD
- Bipolar
- Dementia
- Depression

### Drop-down list field

A drop-down list field with a text box and a downward-pointing arrow icon on the right side.