

The Massachusetts Department of Mental Health

Expedited Admission Referral Form

► DMH assistance for individuals without a placement plan at 96 hours into an Emergency Department visit.

► Download Adobe Acrobat Reader DC By Clicking On The Image -



Version 2.1

Last Updated:
November 16, 2021.

Referring Org Information

1 Referring Organization Type		2 Referring Organization Name	
3 Referring Organization Leadership Contact For DMH			
3 a. Title			
3 b. First Name		3 c. Last Name	
3 d. Phone Number		3 e. Email Address	

Patient Related Information

4 Patient Demographic Information			
4 a. First Name		4 b. Middle Name (Optional)	
4 c. Last Name		4 d. DOB (mm/dd/yyyy)	4 e. Age (Calculated Field, Read Only)
4 f. Race	4 g. Race - Other Specify		4 h. Gender
4 i. Is Member Hispanic			
5 Guardian		6 Guardian - Other Specify	
7 Insurance Information			
7 a. Does the member have insurance? If "No", skip to section 8			
7 b. Insurance Carrier		7 c. Insurance Carrier - Other Specify	
7 d. Insurance Plan Type		7 e. Mass Health Id	
7 f. Request for Assistance to Insurance Carrier Date (mm/dd/yyyy)		7 g. Request for Assistance to Insurance Carrier Time (23:00 is 11:00 pm)	
7 h. Please describe any services authorized by Carrier to support admission (E.g. 1:1, single room, enhanced medical supports etc.)			
8 State Agencies Involved			
If DMH is selected - Which Town Does Patient Reside In ?			
DCF	DDS	DMH	DYS IEP None Unknown

Boarding Related Information

9 Boarding Facility		9 a. Boarding Facility - Other Specify		10 Boarding Facility - Zip Code	
11 ESP Information					
11 a. ESP If Applicable? If "No" Provide 11 b., 11 c.		11 b. Psychiatric Triage Contact Name		11 c. Psychiatric Triage Contact Number	
11 d. ESP Name			11 e. ESP Phone Number For Immediate Access		
12 Initial Evaluation Date (mm/dd/yyyy)		13 Initial Evaluation Time (23:00 is 11:00 p.m.)		13 a. Was this an initial CBAT search?	

14 Primary Diagnosis	14 a. Primary Diagnosis - Other Specify
15 Where Does Patient Receive Medical And Psychiatric Care ?	
16 Secondary Diagnosis	17 Secondary Diagnosis - Other Specify
18 Primary Barrier to Placement	19 Primary Barrier to Placement - Other Specify
20 Presenting concerns & precipitating events (clinical formulation- if available) *SUMMARY ONLY*	

21 Is this a child or adolescent bed search with a parental preference ? If so, please identify the preferred inpatient facilities below.

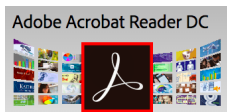
22 THIS SECTION IS NO LONGER REQUIRED

Placement Facilities	Beds Available?	Reason For Refusal
Amesbury Health Center		
Anna Jaques Hospital		
Arbour Hospital		
Arbour Quincy Hospital		
Austen Riggs Center		
Bay Ridge Hospital		
Baystate Franklin Medical Center		
Baystate Medical Center		
Baystate Noble Hospital		
Baystate Wing Hospital		
Berkshire Medical Center		
Beth Israel Deaconess Hospital Plymouth		
Beth Israel Deaconess Medical Center		
Beverly Hospital		
Boston Children's Hospital		
Bournewood Hospital		
Brigham and Women's Faulkner Hospital		
Cape Cod Hospital		
Carney Hospital		
CHA Cambridge Hospital		
CHA Everett Hospital		
Cooley Dickinson Hospital		
Curahealth—Stoughton		
Emerson Hospital		
Franciscan Children's		
Fuller Hospital		
Good Samaritan Medical Center		
Hallmark Health, Lawrence Memorial Hospital		
Hallmark Health, Melrose Wakefield Hospital		
Harrington Hospital at Hubbard		
Harrington Memorial Hospital		
Haverhill Pavilion for Behavioral Medicine		
Heywood Hospital		
High Point Hospital		

Placement Facilities	Beds Available?	Reason For Refusal
Holy Family Hospital at Merrimack Valley		
Holy Family Hospital, A Steward Family Hospital		
Holyoke Medical Center		
Hospital for Behavioral Medicine		
HRI Hospital		
Massachusetts General Hospital		
McLean Hospital		
McLean Hospital Southeast		
Metrowest Medical Center		
Morton Hospital, A Steward Family Hospital		
Mount Auburn Hospital		
Nashoba Valley Medical Center		
New England Sinai		
Newton-Wellesley Hospital		
North Shore Medical Center, Salem Hospital		
North Shore Medical Center, Union Hospital		
Norwood Hospital		
Pembroke Hospital		
Providence Behavioral Health		
Signature Healthcare Brockton Hospital		
Southcoast Behavioral Health		
St. Anne's Hospital		
St. Vincent Hospital		
Steward St. Elizabeth's Medical Center of Boston/SEMC @ Carney		
TaraVista Behavioral Health Hospital		
Tufts Medical Center		
UMass Memorial Health Alliance Clinton		
Umass Memorial Marlborough Hospital		
UMass Memorial Medical Center		
UMass Memorial Medical Center/PTRC		
Vibra Hospital of Western Massachusetts		
Walden Behavioral Care		
Westborough Behavioral Healthcare Hospital, LLC		

General Instructions

- ▶ Please follow the instructions below to fill, validate, save the PDF form with data and send it to DMH using Commonwealth of Massachusetts Secure Email Delivery System.



- ❖ You will need "Adobe Acrobat Reader DC" to validate this form. NOTE: You will also be able to complete the form and securely send it to DMH with older versions of Adobe Reader.

- ▶ You can download Adobe Reader DC from the link below -
- ▶ <https://get.adobe.com/reader/>

1. Fill the form in it's entirety.
2. Most fields are required fields. Fields that are not required (E.g. Member Middle Name 4 b.) are labeled optional. Section 22 is no longer required.
3. Click the button [Validate And Save](#) to validate and save the PDF with data (**NOTE: Clicking the button is the only way file should be saved. If the form has errors a warning message will appear. When you click ok!, the cursor will take you to the field that has the error.**)
4. Once the PDF passes all validations, a file name will be recommended. Copy the recommended file name and use the copied value to name the file and save it on your computer.
5. Once the file is saved, login to <https://ppsecuremail.state.ma.us/securereader/init.jsf>
6. Attach the saved file to the email and send to DMH Admission Referrals

DMH Use Only: