**MASSHEALTH MEMBER ESCALATION FORM  
*Patients Awaiting Discharge from Inpatient Setting***

**Instructions:** Answer all the questions below and send the form at the following email address: [Hospital\_Escalations@mass.gov](mailto:Hospital_Escalations@mass.gov).

1. Patient is awaiting discharge to a lower setting for more than 7 calendar days despite multiple attempts to discharge or work with multiple providers Yes\_\_\_\_ No\_\_\_\_
2. Patient’s family agrees with the hospital that the member can be transferred to a lower setting (e.g., a nursing facility) Yes\_\_\_\_ No\_\_\_\_ N/A\_\_\_\_
3. There are legal issues such as guardianship that would prevent the member from being transferred from the hospital to a lower setting​ Yes\_\_\_\_ No\_\_\_\_

|  |  |
| --- | --- |
| Referring Facility: | Date: |
| Contact Name: | Contact Phone: |

**Patient information**

|  |  |  |
| --- | --- | --- |
| Name: | DOB: | Gender: |
| Hospital Admission Date: | Planned Hospital Discharge Date: | Total Days Waiting to Transfer: |

**Financial Information**

|  |  |
| --- | --- |
| MassHealth  Plan ID:  Plan Name: | Other Insurance  Plan ID:  Plan Name  Health Care Proxy:  Yes  No |

|  |  |
| --- | --- |
| Number of Referrals to LTCH:  Distance (in miles) of Search:  Primary reason for Non-Acceptance:  Number of Referrals to IRF:  Distance (in miles) of Search:  Primary reason for Non-Acceptance: | Number of Referrals to SNF:  Distance (in miles) of Search:  Primary reason for Non-Acceptance:  Number of Referrals to Home Health:  Distance (in miles) of Search:  Primary reason for Non-Acceptance: |

**Additional Information**

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| **Medical Complexities (Add additional narrative as needed):**  COVID(+) *(SNFs with Isolation Spaces can be found here:* [*https://www.mass.gov/info-details/covid-19-public-health-guidance-and-directives#health-care-professionals-&-organizations-*](https://www.mass.gov/info-details/covid-19-public-health-guidance-and-directives#health-care-professionals-&-organizations-) *, under the subheading “Hospitals”)*  \*If COVID(+), please list SNFs with COVID Isolation Spaces you have made referrals to:  COVID(-)  Ventilator  Tracheostomy  Hemodialysis  Chronically Ventilated |
| **Behavioral Issues:** |
| **Mental Status (Add additional narrative as needed):**  Alert  Confused  Comatose |
| **Family Involvement:** |
| **Known Legal Issues:** |
| **Guardianship in process:**  Enrolled in DMH program  Enrolled in DDS program |
| **Insurance Coverage – Please include date MassHealth application submitted to Enrollment Center**  Pending MassHealth Eligibility Application  Pending MassHealth Long-term Care Application  MassHealth Limited  Uninsured  Medicare Coverage Limitations  Commercial Payer Coverage Limitations |