Emergency Service Program (ESP) Notification Form

Completed forms can be faxed to the following locations:
- **Tufts Health Together - Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs):** 888-977-0776
- **Tufts Health Unify:** 857-304-6304

Today's date: _____

ESP Evaluation

Time of member readiness: _____ Evaluation start time: _____ Evaluation end time: _____

Member Information

Member Name: _____ Tufts Health Plan Member ID: _____

Member Address: _____

City: _____ State: _____ ZIP code: _____

Member Telephone: _____ Member DOB: _____

ESP Information

ESP Clinician/contact name: _____

Name of ESP: _____

ESP site location: _____ Phone: _____

Type of Notification *Pending admission/looking for placement*

Member waiting at the following location:

☐ Home

☐ Hospital – emergency room Name of hospital: _____ Phone: _____

☐ Hospital – medical unit Name of hospital: _____ Phone: _____

☐ Other _____

Working on admission for the following level of care:

☐ Inpatient mental health services   ☐ Inpatient substance use disorder services – Level 4.0 Detoxification Services

☐ 24-hour diversionary services
  ☐ Community-based Acute Treatment (CBAT)   ☐ Enhanced Acute Treatment Services (EATS)
  ☐ Community Crisis Stabilization (CCS)   ☐ Intensive Community-based Acute Treatment (ICBAT)
  ☐ Dual Diagnosis Acute Residential Treatment (DDART)

Type of Notification *Admission arranged*

Name of hospital/facility: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Level of Care

☐ Inpatient mental health services

☐ Inpatient substance use disorder services – Level 4.0 Detoxification Services

☐ 24-hour diversionary services

    ☐ Community-based Acute Treatment (CBAT)   ☐ Enhanced Acute Treatment Services (EATS)

    ☐ Community Crisis Stabilization (CCS)   ☐ Intensive Community-based Acute Treatment (ICBAT)

    ☐ Dual Diagnosis Acute Residential Treatment (DDART)

Clinical Information

ICD-10 Alpha Numeric Diagnosis Code: _____

Attestation

Name of ESP clinician completing this form: _____ Date: _____

Please Print