

Behavioral Health Notification Form

Massachusetts



Psychiatric and substance use treatment

Notification of admission is required for all acute inpatient substance use disorder services and PHP. A medical necessity review should be completed on the last covered day if authorization for continued stay is requested for inpatient-acute psychiatric. For continued stay requests, please call the appropriate number below to speak with a UM Clinician.

Phone numbers:

MassHealth: 888-566-0010

Mass Clarity: 855-833-8120

Fax: 857-264-2673

Provider Portal: [HealthTrio connect - Sign In](#)

Today's date:	Date of request:	Date of admission:
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Member information

Member name (last name, first name, middle initial)

Member ID#	Member date of birth(mm/dd/yyyy)
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Member address (Street, city, state, zip code)

Diagnosis: ICD-10

Admitting facility information

Facility name

Facility address (City, State, Zip code)

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Admitting facility information

NPI#

Utilization management clinician for follow-up:

Phone

Secure fax

Check the appropriate level of care:

Behavioral health services

- Inpatient- acute psychiatric
- Adult community crisis stabilization (ACCS)
- Community-based acute treatment (CBAT)
- Intensive community-based acute treatment (CBAT)
- Partial hospitalization program (PHP)
- Community support program (CSP)
- CSP- tenancy preservation program (TPP)
- CSP - homeless individuals (HI)
- CSP - justice involved (JI)
- Program of Assertive Community Treatment (PACT)

Substance use disorders

- Inpatient- acute substance use/ASAM level 4 detox
- Acute treatment services (ATS)/Substance use: ASAM level 3.7/Medically monitored residential
- Clinical stabilization services/ Substance use: ASAM level 3.5
- Residential rehabilitation services (RRS)- Medicaid only
- Individualized treatment stabilization (ITS) - Medicaid only

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Check the appropriate level of care:

Dual diagnosis acute residential treatment (DDART)/enhanced acute treatment services (E-ATS) – Medicaid only

Partial hospitalization program (PHP) – ASAM level 2.5

Recovery coach

Recovery support navigator (RSN)

The below section does not need to be completed if request is for initial review.

For **concurrent notification**, please include the following information in your request:

What is the current treatment plan? _____

Any identified barriers? If yes, how are they addressed? _____

After care plan:

Outpatient therapy

Medication management

PHP

IOP

Other (specify): _____

Signature of clinician completing request:

Date:

Note: WellSense Health Plan may contact facility to discuss treatment planning and care coordination as necessary.