



**Emergency Service Program (ESP) Notification**  
 Pending admission/Looking for placement, and admission arranged  
**Fax to: 888-977-0776**  
**For Tufts Health Unify, fax to: 857-304-6304**

Today's date \_\_\_/\_\_\_/\_\_\_

**ESP evaluation**

Time of member readiness \_\_\_\_\_  
 Time evaluation was started \_\_\_\_\_ Time evaluation was completed \_\_\_\_\_

**Member information**

Member name \_\_\_\_\_  
 Member ID # \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**ESP information**

ESP clinician/contact \_\_\_\_\_  
 Name of ESP \_\_\_\_\_  
 ESP site location \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**TYPE OF NOTIFICATION – Pending admission/looking for placement**

*Member waiting at the following location*

- At home
- Hospital – emergency room  
 Name of hospital \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Hospital – medical unit  
 Name of hospital \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Other *Please specify.* \_\_\_\_\_

*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 at the following**

Name of hospital/facility \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

*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)

**Diagnosis**

ICD 10 Code \_\_\_\_\_

Name of ESP clinician completing this form *Please print.* \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_