

## Transition to Home Referral Request Instructions

Referrals to Transition to Home program are accepted for members discharging to outpatient services from Inpatient, Acute Residential, Partial Hospital and Intensive outpatient services. Please be sure to include all the requested information; we are not able to accept the referral if there is missing information.

There are two sections in this process. Call the Behavioral Health Department at 800.208.9565. You will then hear an option to select yourself as a provider by choosing #3 using the touchtone keypad.

### SECTION ONE

- Please enter your 10-digit NPI number.
- Press #5 for Transition to Home.
- Enter the Start Date (2 digit month, 2 digit day, 4 digit year); the system will repeat the start date back to you, Press 1 for yes and 2 for no.
- Enter the Member ID including the 2 digit suffix.

**Note:** If your entry contains a letter please listen to the following instructions.

1. To enter a letter on your touch-tone keypad press the star key (\*) to indicate that you will be selecting a letter.
  2. Then press the keypad number on which the letter appears.
  3. Finally, indicate the position that the letter appears in. Where a one represents the first position, a two indicates the second position and so on. For example to enter the letter 'S' you enter \*74.
- Enter Member DOB (2-digit month, 2-digit day, 4-digit year), the system will confirm you are calling about your member by indicating their first name, press 1 yes or 2 for no
  - The system will direct you to visit the Tufts Health Plan website for a brochure.
  - Please enter a **ten-digit** number where you can be reached. The system will repeat the number and say, "Right?", press 1 for yes or 2 for no.
    - If an extension must be dialed to reach you press 1, if no extension is needed press 2.
    - If YES: Please enter your extension number now. The system will confirm your extension, Press 1 for Yes or 2 for No.
  - If the Program Description was provided to the member press 1 for yes, otherwise press 2.
  - Please enter the discharge date using your touch-tone keypad. Start with the two-digit month followed by a two-digit day and then a four-digit year / /   
The system will repeat back your discharge date, press 1 for yes or 2 for no.

### SECTION TWO

In this section you will be asked to record your response only after the prompt. Begin speaking your response after the prompt.

- After the first prompt, please say the member's parent of care giver's name or say 'none' if this is not applicable. There will be a short silence before the next prompt.
- At the next prompt, please say the name of the referring clinician and the referring facility. There will be a short silence before the next prompt.
- To complete another registration, press 1.
- To end simply hang up.

[Provider Services](#)