



# Expedited Authorization and Boarding Update Training

*Boarding Update Submissions and Medicare Authorizations*

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November 2022

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# Agenda

- Introduction
- General Information
- Accessing EXAU
- Initial Boarding Information Form
- Next-Day Update ((NDU) Form
- Bed Found/Withdrawn
- Summary
- Questions

# Introduction

## Removal of Prior Authorization Requirement for Inpatient, CBAT, and ICBAT Levels of Care

Effective Tuesday, November 8, 2022, Beacon Health Options (Beacon) providers, including the BeHealthy Partnership, Fallon Health, Massachusetts Behavioral Health Partnership (MBHP) plans, UniCare, and WellSense Health Plans, may no longer require preauthorization for Members before obtaining treatment. Expedited Psychiatric Inpatient Admissions (EPIA) was also passed into law, and clinical updates will be required for all boarding Members.

The EXA Website has been modified and will be known as the Expedited Auth and Updates (EXAU) website moving forward.

# General Information

## **For Acute Inpatient, CBAT, and ICBAT admissions:**

- Admitting hospitals will be required to notify Beacon within 72 hours of admission (or the next business day on holiday weekends). Hospitals should contact their assigned concurrent reviewer for initial notification and treatment planning. ESP/MCI will no longer be required to obtain authorization numbers from Beacon.

## **For Emergency Services Providers (ESPs)/Mobile Crisis Intervention (MCI) providers:**

- Notification for Members boarding over 24 hours will be submitted on a simplified, expedited, web-based initial boarding form. This form will be utilized to collaborate with Expedited Psychiatric Inpatient Admissions (EPIA) to expedite admissions for Members who continue to board. Daily updates are required until Members are admitted or withdrawn.

# General Information (continued)

- If a Member is boarding for 24 hours, an Initial Boarding Information form will be entered on the EXAU system.
- Subsequent Next-Day Updates will be entered daily until the Member is placed or Withdrawn.
- Location, date, and time of placement will be sent via EXAU.
- Withdrawal information and community support plan will be sent via EXAU.
- If bed placement falls through, ESP/MCI team should call the Northeast Access Line, and an Initial Boarding form can be sent back via the website for the ESP/MCI to edit and update.

Chapter

# 01

“We help people live their lives to the fullest potential.”

Our Commitment

## Accessing the EXAU Website



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# Accessing the EXAU

Massachusetts Behavioral Health Partnership Website:  
<https://www.masspartnership.com>

**Select:**

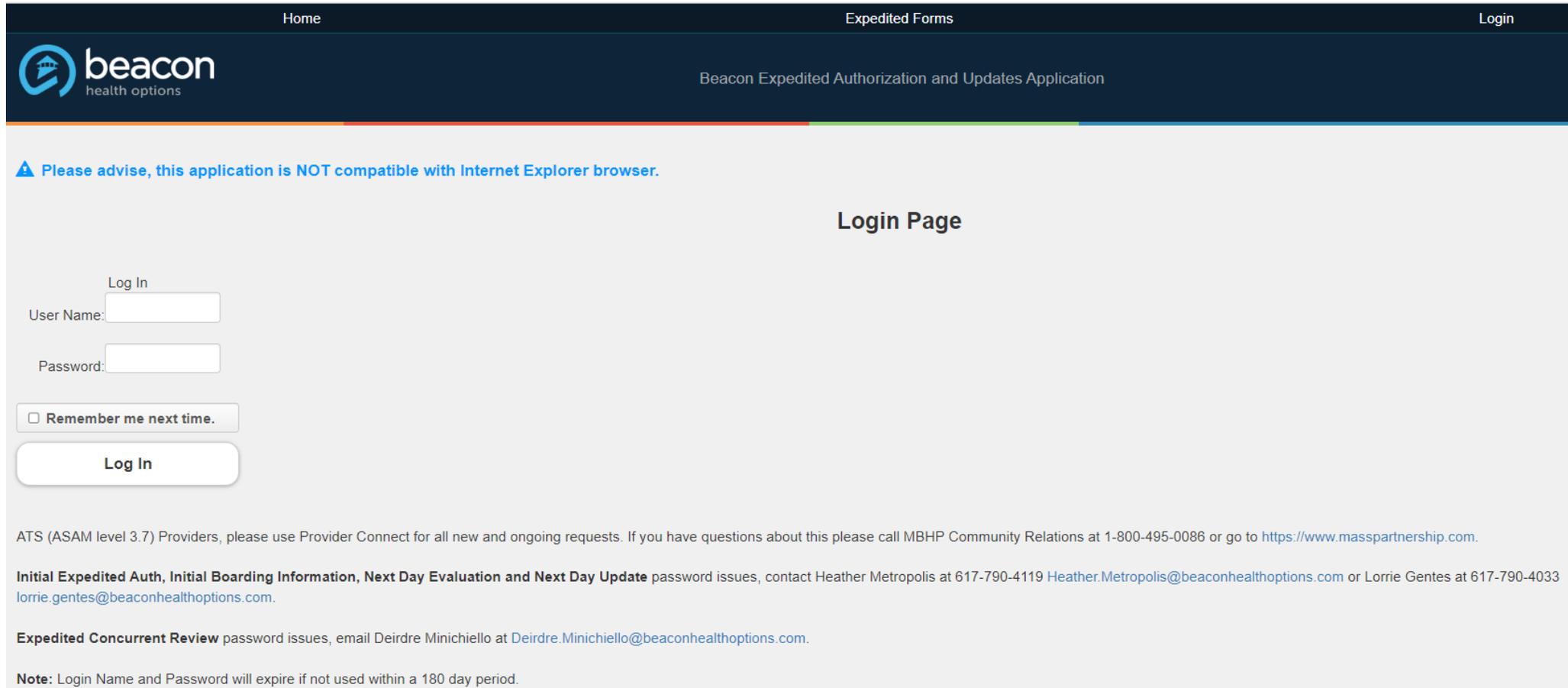
1. Behavioral Health Providers
2. Emergency Services Program/MCI, then
3. Expedited Authorization Website



# Log In Page

Each clinician/staff should have their own individual log-in user name and password.

**Note:** Both the user name and password will be identical and all lowercase.



The screenshot shows the login page for the Beacon Expedited Authorization and Updates Application. At the top, there is a navigation bar with links for Home, Expedited Forms, and Login. The Beacon Health Options logo is on the left, and the application title is on the right. A warning message indicates that the application is not compatible with Internet Explorer. The main heading is 'Login Page'. Below this, there are input fields for 'User Name' and 'Password', a 'Remember me next time' checkbox, and a 'Log In' button. At the bottom, there are several informational paragraphs regarding provider connect, password issues, and login expiration.

Home Expedited Forms Login

 beacon  
health options

Beacon Expedited Authorization and Updates Application

**▲ Please advise, this application is NOT compatible with Internet Explorer browser.**

## Login Page

Log In

User Name:

Password:

Remember me next time.

**Log In**

ATS (ASAM level 3.7) Providers, please use Provider Connect for all new and ongoing requests. If you have questions about this please call MBHP Community Relations at 1-800-495-0086 or go to <https://www.masspartnership.com>.

**Initial Expedited Auth, Initial Boarding Information, Next Day Evaluation and Next Day Update** password issues, contact Heather Metropolis at 617-790-4119 [Heather.Metropolis@beaconhealthoptions.com](mailto:Heather.Metropolis@beaconhealthoptions.com) or Lorrie Gentes at 617-790-4033 [lorrie.gentes@beaconhealthoptions.com](mailto:lorrie.gentes@beaconhealthoptions.com).

**Expedited Concurrent Review** password issues, email Deirdre Minichiello at [Deirdre.Minichiello@beaconhealthoptions.com](mailto:Deirdre.Minichiello@beaconhealthoptions.com).

**Note:** Login Name and Password will expire if not used within a 180 day period.

# EXAU Home Page

Select Expedited Forms to open a New Boarding Information Form, enter a Next-Day Update, or Medicare Precert.

Home Expedited Forms Logout

 Beacon Expedited Authorization and Updates Application

Welcome to Beacon Expedited Authorization and Updates Application

You are logged in. Welcome, accessline2

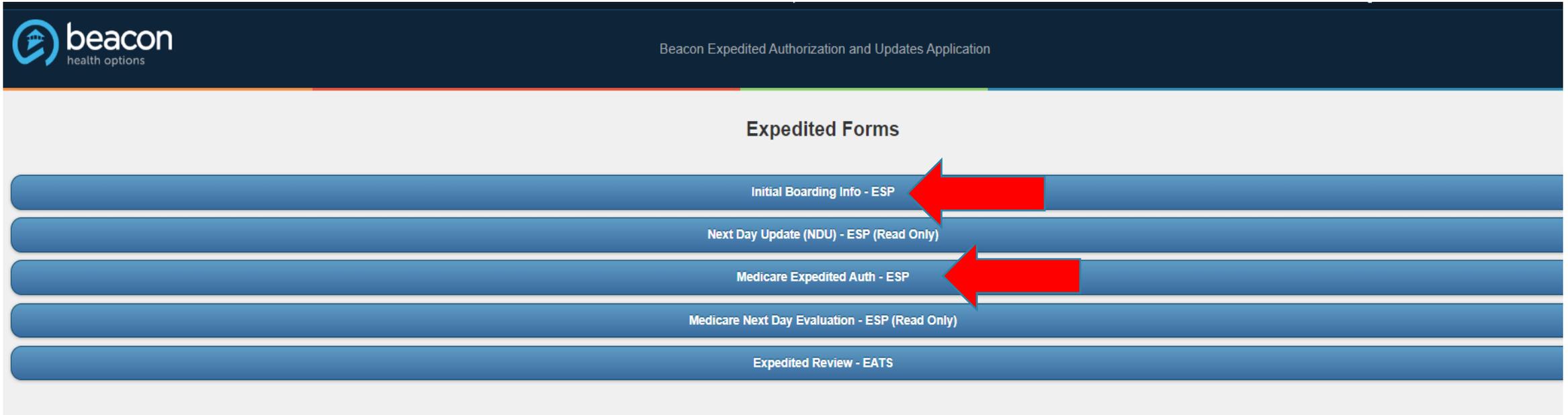
-  Home
-  Expedited Forms
-  Logout

# Expedited Forms Page

There will be two options you will initially use on this page: Initial Boarding info or Medicare Expedited Auth.

The Initial Boarding Info form will be for Medicaid Members and per the new law is to inform insurance of Members who are boarding and EPIA.

The Medicare Expedited Auth form remains unchanged from what it is now for Fallon Medicare Members only.



The screenshot displays the 'Expedited Forms' section of the Beacon Expedited Authorization and Updates Application. The interface features a dark blue header with the Beacon Health Options logo on the left and the application title on the right. Below the header, the title 'Expedited Forms' is centered. A list of five form options is presented as blue horizontal bars, each with a red arrow pointing to it from the right:

- Initial Boarding Info - ESP
- Next Day Update (NDU) - ESP (Read Only)
- Medicare Expedited Auth - ESP
- Medicare Next Day Evaluation - ESP (Read Only)
- Expedited Review - EATS

Chapter

# 02

“We help people live their lives to the fullest potential.”

Our Commitment

# Initial Boarding Information Form



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# Initial Boarding Information Form

When you open this tab, you will see all previously submitted Members and if a Next-Day Update is due. The submitter name, date submitted, and submission ID are for searching cases already submitted. To start a new case select Initial Boarding Form.

The screenshot displays the Beacon Health Options web application interface. At the top left is the Beacon Health Options logo. The page title is "Submitted Boarding Info". Below the title are three main buttons: "Initial Boarding Info Form" (highlighted with a red arrow), "Go To Archive Page", and "Refresh Queue". Below these buttons are search filters for "Submitter Name:", "Date Submitted:", and "Submission ID:", each with an input field. There are "Search" and "Show All" buttons. Below the filters is a list of submitted cases, each with a plus icon, submission ID, name, date, and status. The first case is "202742 | Lizzy Lightyear | 10/27/2022 10:27 AM | Submitted Next Day Update Due on 10/28/2022 10:27 AM".

Submitted Boarding Info

Initial Boarding Info Form

Go To Archive Page

Refresh Queue

Submitter Name:

Date Submitted:

Submission ID:

Search Show All

Page 1 of 1

- 202742 | Lizzy Lightyear | 10/27/2022 10:27 AM | Submitted Next Day Update Due on 10/28/2022 10:27 AM
- 202741 | Karla Doe | 10/27/2022 10:03 AM | Submitted Next Day Update Due on 10/28/2022 10:03 AM
- 202744 | John Doe | 10/27/2022 02:17 PM | Received Next Day Update Due on 10/28/2022 02:17 PM
- 202745 | flower power | 10/28/2022 09:38 AM | Received
- 202743 | Jane Croft | 10/27/2022 10:52 AM | Received
- 202740 | Jane McGuire | 10/26/2022 03:45 PM | Received

# Initial Boarding Information Form (continued)

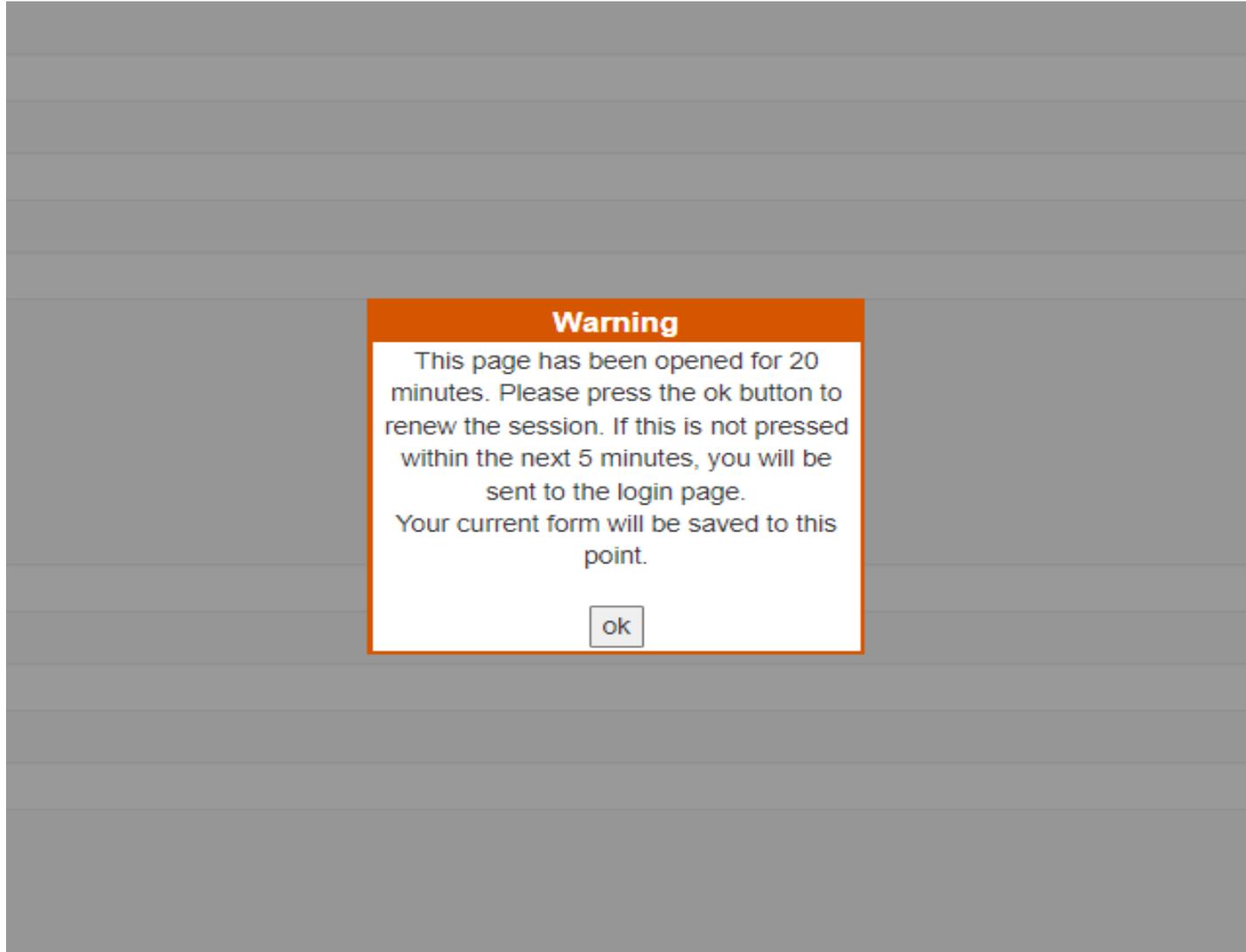
There are three tabs to fill out: ESP Information, Member Information, and Clinical Information.

The Summary Tab is to review what you have entered in the form. You can save the information at any time by clicking on Save Form at the top or bottom.

The screenshot shows the 'Initial Boarding Form' interface. At the top left is the Beacon Health Options logo. The title 'Initial Boarding Form' is centered. Below the title are two buttons: 'Save Form' on the left and 'Clear Form' on the right. A red arrow points to the 'Save Form' button. Below these buttons is a list of tabs: '+ ESP Information', '+ Member Information', '+ Clinical Information', and '+ Summary'. At the bottom of the form is a row of four buttons: 'Save Form', 'Cancel', 'Delete Form', and 'Submit'. A red arrow points to the 'Save Form' button at the bottom.

# Warning Notice

Please be aware:



# ESP Information

Enter the following information: Evaluator Name and Licensure Level, ESP Office Name, ESP Office Address, and Agency Tax ID. Enter the current phone number where the submitter can be reached, **not** the general agency phone number.

## Initial Boarding Form

Save Form

Clear Form

### ESP Information

Provider: Access Line

Evaluator Name and Licensure Level, (if not licensed, Master Degree or Nursing Degree):

ESP Office Name:

ESP Office Address:

Tax ID:

Telephone:

Telephone 2 (optional):

### + Member Information

### + Clinical Information

### + Summary

Save Form

Cancel

Delete Form

Submit

# Member Information Tab Summary of Questions

All questions/information is needed to place Members on MABHA for EPIA.

**Member Information**

Member First Name:

Member Last Name:

Member Phone Number:

Member DOB(mm/dd/yyyy):

Age:

Members Current Living Situation  
None Selected

Marital Status:  
None Selected

Primary Language:  
English

Race/Ethnicity:  
None Selected

Gender:  
 Female  Male  Other  Transgender female  Transgender male

Veterans Administration Status  
 Yes  No

Primary Care Physician Name:

Guardian:  
None Selected

Guardian:  
None Selected

Beacon Insurance Plans:  
None Selected

ID# or MMIS#

SSN#

Other Insurance, in addition to above (TPL):  
Name of insurance

Has Primary Insurance Company been contacted?  
 Yes  No

Level of Care:  
None Selected

Member Current Location: (please write location of Member, and how they arrived at this location. Give full name of facility not immediately found and member unable to stay a current location. DO NOT USE ABBREVIATIONS.)

Date and Time First Arrived at ED? If arrived, please enter date & time:  
 Not seen in ED  Arrived Date/Time:

Date:  Time: 00:00 am

Date and Time of Intervention Requested, please enter date & time:  
Date:  Time: 00:00 am

Date and Time of Intervention Started, please enter date & time:  
Date:  Time: 00:00 am

Currently on Sec. 12?  
No

# Member Information Needed

Member's First Name and Last Name should appear exactly how it shows in the Masshealth Eligibility Verification System (EVS). The Member's Phone Number, DOB, and Age will auto-populate.

Drop downs should be selected for Living Situation and Marital Status. Primary Language defaults to English; choose dropdowns for Language and Race/Ethnicity categories and the Radio Button for gender.

## Initial Boarding Form

Save Form

Clear Form

+ ESP Information

- Member Information

Member First Name:

Member Last Name:

Member Phone Number:

Member DOB(mm/dd/yyyy):

Age:

Members Current Living Situation

None Selected ▼

Marital Status:

None Selected ▼

Primary Language:

English ▼

Race/Ethnicity:

None Selected ▼

Gender:

Female  Male  Other  Transgender female  Transgender male

# Member Information (continued)

Examples of Drop-Down Categories:

Members Current Living Situation

None Selected

None Selected

- Home Alone
- Home-with Others
- Foster Care
- RTC/Group Home/Halfway House
- Residential Placement
- Correctional/DYS Facility
- Other
- Unknown
- Nursing Facility
- Homeless-Sheltered
- Homeless-Unsheltered
- Chronic Homelessness
- Respite

Marital Status:

None Selected

None Selected

- Single
- Married
- Separated
- Divorced
- Widowed
- Partnered

Primary Language:

English

None Selected

- American Sign Language
- Arabic
- Armenian
- Braille
- Cambodian
- Chinese
- Czechoslovakian
- Dutch
- English
- Farsi (Persian)
- French
- German
- Greek
- Haitian
- Haitian Creole
- Hebrew
- Hindi
- Hispanic
- Hungarian

Race/Ethnicity:

None Selected

None Selected

- American Indian/Alaskan Native
- Asian
- Black/AfroAmerican
- Native Hawaiian or other Pacific Islander
- Caucasian/White
- Hispanic or Latino
- Race Not Specified

# Member Information (continued)

If the insurance is TPL, then PCP, Guardian, Beacon Insurance Plans, MMIS ID Number, and SS Number are optional. The Level of Care drop-down is now part of the form and not shown at the beginning. You will be able to change this if the LOC changes on NDU.

Other information to include is Current Location of Member, how they arrived (self-presented, police, etc.), if they came from the ED or on a med floor, or if they are in DYS or residential.

Primary Care Physician Name:

Guardian:

Beacon Insurance Plans:

ID# or MMIS#

SSN#

Other Insurance, in addition to above (TPL):

Level of Care:

Member Current Location: (please write location of Member, and how they arrived at this location. Give full name of facility, if Hospital please note if in ED or on Med floor. If evaluated at ESP office, DMH, DCF, or DYS facility, or in the home, please include Hospital member will be sent if placement not immediately found and member unable to stay a current location. DO NOT USE ABBREVIATIONS.)

# Member Information (continued)

Drop-down examples: Veteran Status is yes/no, Name of PCP, Guardian, Insurance Plan, and Level of Care for bed search.

<b>Veterans Administration Status</b> <input type="radio"/> Yes <input type="radio"/> No <b>Primary Care Physician Name:</b> <input type="text"/> <b>Guardian:</b> None Selected None Selected Self Parent DCF Rogers Legal/Guardian et Litem	<b>Beacon Insurance Plans:</b> None Selected None Selected MBHP - PCC Plan WellSense - MassHealth Fallon Unicare Mass General Brigham SHC - Steward Health Choice CCC - Community Care Collaborative BHP - Be Healthy Partnership
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<b>Other Insurance, in addition to above (TPL):</b> Name of insurance <input type="text"/> Has Primary Insurance Company been contacted? <input type="radio"/> Yes <input type="radio"/> No <b>Level of Care:</b> None Selected None Selected Inpatient Inpatient Eating Disorder Unit Inpatient ASD/DDU (Developmental Disability Unit) ICBAT CBAT
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# Member Information (continued)

If the Member is seen in the community, there are two dates to fill in.

Date and Time First Arrived at ED? If arrived, please enter date & time:

Not seen in ED     Arrived Date/Time:

Date and Time of Intervention Requested, please enter date & time:

Date:  Time:  am

Date and Time of Intervention Started, please enter date & time:

Date:  Time:  am

Currently on Sec. 12?

No

No  
Yes

If the Member is seen in an ED, there are three dates to fill in.

Date and Time First Arrived at ED? If arrived, please enter date & time:

Not seen in ED     Arrived Date/Time:

Date:  Time:  am

Date and Time of Intervention Requested, please enter date & time:

Date:  Time:  am

Date and Time of Intervention Started, please enter date & time:

Date:  Time:  am

Currently on Sec. 12?

No

No  
Yes

# Clinical Information Summary of Questions

### Diagnosis

Documentation of primary behavioral condition is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of secondary co-occurring behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care.

#### Behavioral Health Diagnosis

Primary Diagnostic Category:

None Selected

Primary Diagnostic Code:

Please Select Code

Additional Diagnostic Category:

None Selected

Additional Diagnostic Code:

Please Select Code

Has an ASD-ID MCPAP consult taken place?

Yes  No

#### Primary Medical Diagnosis

Primary Diagnostic Category:

None Selected

Primary Diagnostic Code:

Please Select Code

**Presenting Problem:** (please briefly describe immediate member concerns including risk factors and current symptoms that led to this presentation.)

**DO NOT INCLUDE EXPLETIVES (swear words).**

|

4000 characters left

**Precipitant:** (please describe the acute stressor that led to today's evaluation.)

2000 characters left

# Clinical Information Summary of Questions (continued)

Is there state agency involvement?

Yes  No  Unknown

Does member need Developmental Disability Unit?

Yes  No

Does member need Eating Disorder Unit?

Yes  No

Is member medically admitted?

Yes  No

COVID-19 Testing:

Please Select Results

**Medications:**

Is member prescribed medications?

Yes  No  Unknown

Describe concerns with medications ie: compliance, side affects, etc:

1000 characters left

**Barriers To Placement:**

<input type="checkbox"/> Acute Suicide Attempt (or acute lethal suicide attempt)	<input type="checkbox"/> ASD-ID	<input type="checkbox"/> Assaultive Risk, High	<input type="checkbox"/> Assaultive Risk, Low	<input type="checkbox"/> Assaultive Risk, Medium
<input type="checkbox"/> Child Placement Issue	<input type="checkbox"/> COVID Positive	<input type="checkbox"/> Current Self-injurious Behavior	<input type="checkbox"/> Disposition	<input type="checkbox"/> Elopement Risk
<input type="checkbox"/> Facility-Geographic Preference	<input type="checkbox"/> Fire Settings Behaviors	<input type="checkbox"/> Guardian/Parent Special Request	<input type="checkbox"/> Language	<input type="checkbox"/> Legal Issues
<input type="checkbox"/> Medical	<input type="checkbox"/> No Barriers	<input type="checkbox"/> Out of Medicare Days	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Resistant to Mental Health Treatment
<input type="checkbox"/> Sexualized Behavior	<input type="checkbox"/> Specialty Unit Required	<input type="checkbox"/> Transportation	<input type="checkbox"/> Unsuccessful Previous Admission	

# Clinical Information

Once you select the Primary Diagnosis, the next tab will populate the codes. The same is required for the Medical Diagnosis and Codes.

## Diagnosis

Documentation of primary behavioral condition is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of secondary co-occurring behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care.

### Behavioral Health Diagnosis

Primary Diagnostic Category:

None Selected

- None Selected
- Alcohol-Related Disorders
- Antisocial Personality Disorder
- Anxiety Disorder
- Attention-Deficit/Hyperactivity disorder
- Autism Spectrum Disorder
- Bipolar and Related Disorders
- Cannabis-Related Disorders
- Combined Other Substance Disorders
- Communication Disorders
- Depressive Disorders
- Disruptive, Impulse-Control, And Conduct Disorders
- Dissociative Disorders
- Elimination Disorders
- Feeding and Eating Disorders - Anorexia and Bulimia
- Feeding and Eating Disorders - Binge Eating
- Feeding and Eating Disorders - OTHER
- Gender Dysphoria
- Hallucinogen-Related Disorders
- Inhalant-Related Disorders

Primary Diagnostic Code:

Please Select Code

- Please Select Code
- F06.31 - Depressive Disorder due to Another Medical Condition With Depressive Features
- F06.32 - Depressive Disorder due to Another Medical Condition With Major Depressive-Like Episode
- F06.34 - Depressive Disorder due to Another Medical Condition With Mixed Features
- F32.0 - Major Depressive Disorder, Single Episode -Mild
- F32.1 - Major Depressive Disorder, Single Episode -Moderate
- F32.2 - Major Depressive Disorder, Single Episode -Severe
- F32.3 - Major Depressive Disorder, Single Episode -With Psychotic Features
- F32.4 - Major Depressive Disorder, Single Episode -In Partial Remission
- F32.5 - Major Depressive Disorder, Single Episode -In Full Remission
- F32.81 - Premenstrual Dysphoric Disorder
- F32.89 - Other Specified Depressive Disorder
- F32.9 - Major Depressive Disorder, Single Episode -Unspecified
- F32.9 - Unspecified Depressive Disorder
- F33.0 - Major Depressive Disorder, Recurrent Episode -Mild
- F33.1 - Major Depressive Disorder, Recurrent Episode -Moderate
- F33.2 - Major Depressive Disorder, Recurrent Episode -Severe
- F33.3 - Major Depressive Disorder, Recurrent Episode -With Psychotic Features
- F33.41 - Major Depressive Disorder, Recurrent Episode -In Partial Remission
- F33.42 - Major Depressive Disorder, Recurrent Episode -In Full Remission

# Clinical Information (continued)

If the Member has an ASD diagnosis, please answer yes or no if a MCPAP consult took place.

Has an ASD-ID MCPAP consult taken place?

Yes

No

The Presenting Problem should include why the Member needs an Acute Level of Care placement at this time and what factors led to this situation. Instead of quoting a Member who has been using expletives, please summarize and state something like “extremely foul language or derogatory language” used by Member.

**Please Note:** The Presenting Problem text is limited to 4,000 characters; a message will pop up if you exceed this amount, and the text will be truncated.

**Presenting Problem:** (please briefly describe immediate member concerns including risk factors and current symptoms that led to this presentation.)

**DO NOT INCLUDE EXPLETIVES (swear words).**

4000 characters left

**Precipitant:** (please describe the acute stressor that led to today's evaluation.)

2000 characters left

# Clinical Information (continued)

Agency Involvement questions will populate a drop-down if answered yes. Each state agency will have a set of questions to fill in.

**Is there state agency involvement?**

Yes  No  Unknown

Please, select all that applies:

Department of Children and Families (DCF)

Department of Mental Health (DMH)

Department of Developmental Services (DDS)

Department of Youth Services (DYS)

Please, select all that applies:

Department of Children and Families (DCF)

Name of DCF Case Manager or Contact Person:

\_\_\_\_\_

Phone Number of DCF Case Manager or Contact Person:

\_\_\_\_\_

Region:

Please Select Region ▼

Area:

Please Select Area ▼

Department of Mental Health (DMH)

Department of Developmental Services (DDS)

Department of Youth Services (DYS)

# Clinical Information (continued)

## COVID-19 testing question drop-down

If a Member is on meds when you answer yes, the list populates to be filled in with name of medication, dose, frequency, etc., and if you have additional meds you would click on Add and a new line will populate.

**COVID-19 Testing:**

Please Select Results

Please Select Results

- Positive
- Negative
- Awaiting Results
- Not Tested

**Medications:**

Is member prescribed medications?

Yes  No  Unknown

Name of Medication	Dose	Frequency	Date started	Member med adherent?	Reason member stopped taking (if applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="None Selected"/>	<input type="text"/>	<input type="button" value="Add"/>

Describe concerns with medications ie: compliance, side affects, etc:

1000 characters left

# Clinical Information (continued)

Barriers to placement should be filled in to indicate why the Member has not been placed within the first 24 hours after Acute Level of Care placement has been determined. That completes the initial boarding form.

**Barriers To Placement:**

<input type="checkbox"/> Acute Suicide Attempt (or acute lethal suicide attempt)	<input type="checkbox"/> ASD-ID	<input type="checkbox"/> Assaultive Risk, High	<input type="checkbox"/> Assaultive Risk, Low	<input type="checkbox"/> Assaultive Risk, Medium
<input type="checkbox"/> Child Placement Issue	<input type="checkbox"/> COVID Positive	<input type="checkbox"/> Current Self-injurious Behavior	<input type="checkbox"/> Disposition	<input type="checkbox"/> Elopement Risk
<input type="checkbox"/> Facility-Geographic Preference	<input type="checkbox"/> Fire Settings Behaviors	<input type="checkbox"/> Guardian/Parent Special Request	<input type="checkbox"/> Language	<input type="checkbox"/> Legal Issues
<input type="checkbox"/> Medical	<input type="checkbox"/> No Barriers	<input type="checkbox"/> Out of Medicare Days	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Resistant to Mental Health Treatment
<input type="checkbox"/> Sexualized Behavior	<input type="checkbox"/> Specialty Unit Required	<input type="checkbox"/> Transportation	<input type="checkbox"/> Unsuccessful Previous Admission	

**+ Summary**

Save Form      Cancel      Delete Form      **Submit**

Once form has been completed, you can review entries on the Summary Tab or just submit.

# Initial Boarding Form Summary

After reviewing the summary, submit the form.

Summary

Date and Time First Arrived at ED:  
Date and Time Intervention Requested:  
Date and Time Intervention Started:

Initial Boarding Info: with Access Line at , is providing info and informing for this years old, None Selected, English speaking, currently at .

Living Situation:

Veterans Administration Status:

Primary Care Physician:

Guardian:

Primary Behavioral Diagnosis:  
Additional Behavioral Diagnosis:  
Has an ASD-ID MCPAP consult taken place?  
Primary Medical Diagnosis:

Presenting Problem:

Precipitant:

State Agency:

Does member need Developmental Disability Unit?

Does member need Eating Disorder Unit?

Is member medically admitted?

COVID-19 Testing:

Is member prescribed medications?

Barriers to Placement:

Save Form Cancel Delete Form Submit

# Submitting the Initial Boarding Form

If any fields are not answered, you will get a red notice telling you which tab and what was not answered. Go back, answer the question(s), and resubmit the form.

Save Form      Cancel      Delete Form      **Submit**

*ESP: Evaluator Name is required.*  
*ESP: Office Name is required.*  
*ESP: Office Address is required.*  
*ESP: Tax ID is required.*  
*ESP: Evaluator Telephone is required.*  
*Member: First Name is required.*  
*Member: Last Name is required.*  
*Member: Phone Number is required.*  
*Member: DOB is required.*  
*Member: Age is required.*  
*Member: Living Situation At Admission is required.*  
*Member: Marital Status is required.*  
*Member: Race/Ethnicity is required.*  
*Member: Gender is required.*  
*Member: Veterans Administration Status is required.*  
*Member: Primary Care Physician Name is required.*  
*Member: Guardian is required.*  
*Member: Beacon Insurance Plan is required.*  
*Member: Primary Ins. MMIS# is required.*  
*Member: Level of Care is required.*  
*Member: Current Location is required.*  
*Member: Date and Time First Arrived at ED? is required.*  
*Member: Date Intervention Requested is required.*  
*Member: Time Intervention Requested is not within character limit or has invalid value.*  
*Member: Date Intervention Started is required.*  
*Member: Time Intervention Started is not within character limit or has invalid value.*  
*Clinical: Behavioral Primary Diagnosis Category is required.*  
*Clinical: Behavioral Primary Diagnosis Code is required.*  
*Clinical: Has an ASD-ID MCPAP consult taken place? is required.*  
*Clinical: Medical Primary Diagnosis Category is required.*  
*Clinical: Medical Primary Diagnosis Code is required.*  
*Clinical: Presenting Problem is required.*  
*Clinical: Precipitant is required.*  
*Clinical: State Agency Involvement is required.*  
*Clinical: Does member need Developmental Disability Unit? is required.*  
*Clinical: Does member need Eating Disorder Unit? is required.*  
*Clinical: Is member medically admitted? is required.*  
*Clinical: COVID-19 Testing is required.*  
*Clinical: Is member prescribed medications? is required.*  
*Clinical: Barriers To Placement is required.*

● [Correct the errors listed and resubmit](#)

# Completed Submission

You will get a Submission Confirmation ID when your submission has been completed. You will then see that ID number in the list of submissions on your EXAU home page. It will read as Submitted. Once a clinician opens it on the Beacon end and enters the case in our system, it will show as Received.

Initial Boarding Form

Your submission was successful!

Your Confirmation Submission ID is:

**#202746**

Add New Exit

+ 202742   Lizzy Lightyear   10/27/2022 10:27 AM   Submitted	Next Day Update Due on 10/28/2022 10:27 AM
+ 202741   Karla Doe   10/27/2022 10:03 AM   Submitted	Next Day Update Due on 10/28/2022 10:03 AM
+ 202745   flower power   10/28/2022 09:38 AM   Received	Next Day Update Due on 10/29/2022 09:38 AM
+ 202744   John Doe   10/27/2022 02:17 PM   Received	Next Day Update Due on 10/28/2022 02:17 PM
+ 202743   Jane Croft   10/27/2022 10:52 AM   Received	Next Day Update Due on 10/28/2022 05:58 PM
+ 202740   Jane McGuire   10/26/2022 03:45 PM   Received	Next Day Update Due on 10/29/2022 09:46 AM
+ 202746   na na   10/30/2022 05:26 PM   Submitted	

+ 202743   Jane Croft   10/27/2022 10:52 AM   Received	Next Day Update Due on 10/28/2022 05:58 PM
+ 202740   Jane McGuire   10/26/2022 03:45 PM   Received	Next Day Update Due on 10/29/2022 09:46 AM
+ 202746   na na   10/30/2022 05:26 PM   Received	

Chapter

# 02

“We help people live their lives to the fullest potential.”

Our Commitment

## Submitting a Next-Day Update



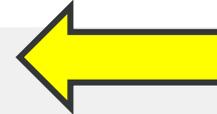
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# How to Submit a Next Day Update (NDU)

On the Initial Boarding home page, you will see notifications to alert you when an additional 24 hours have passed since the initial Boarding Information was submitted. The Next-Day Update form is accessed from the Original Boarding Information Submission by clicking on the yellow highlighted Next-Day Update Due. To ensure you are seeing all NDU that are due, click on Refresh Queue tab.

**Please advise that there are Boarding Info submission(s) due for a Next Day Update (NDU)!  
Click on 'Refresh Queue' button to see all Next Day Update (NDU) that are due.**



## Submitted Boarding Info

[Initial Boarding Info Form](#)

[Go To Archive Page](#)

[Refresh Queue](#)

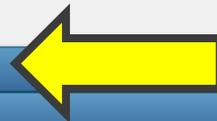
Submitter Name:   
Date Submitted:   
Submission ID:

[Search](#)

[Show All](#)

Page 1 of 1

- + 202742 | Lizzy Lightyear | 10/27/2022 10:27 AM | Submitted **Next Day Update Due on 10/28/2022 10:27 AM**
- + 202741 | Karla Doe | 10/27/2022 10:03 AM | Submitted **Next Day Update Due on 10/28/2022 10:03 AM**
- + 202745 | flower power | 10/28/2022 09:38 AM | Received **Next Day Update Due on 10/29/2022 09:38 AM**
- + 202744 | John Doe | 10/27/2022 02:17 PM | Received **Next Day Update Due on 10/28/2022 02:17 PM**
- + 202743 | Jane Croft | 10/27/2022 10:52 AM | Received **Next Day Update Due on 10/28/2022 05:58 PM**
- + 202740 | Jane McGuire | 10/26/2022 03:45 PM | Received **Next Day Update Due on 10/29/2022 09:46 AM**
- + 202746 | na na | 10/30/2022 05:26 PM | Received



# Next-Day Update (NDU)

Select the Next-Day Update Tab highlighted in yellow for the Member.

Page 1 of 1

202742 | Lizzy Lightyear | 10/27/2022 10:27 AM | Submitted **Next Day Update Due on 10/28/2022 10:27 AM**

Disposition:  
Bed Search in Progress

Submit

Archive

**Nex Day Update (NDU)**

You will be prompted to Click on a New Form for the original boarding Info submission #202742.

Submitted Next Day Updates (NDU) for Initial Boarding Info ID#202742 - ESP

New Form

Back to Initial Boarding Info Page

Refresh Queue

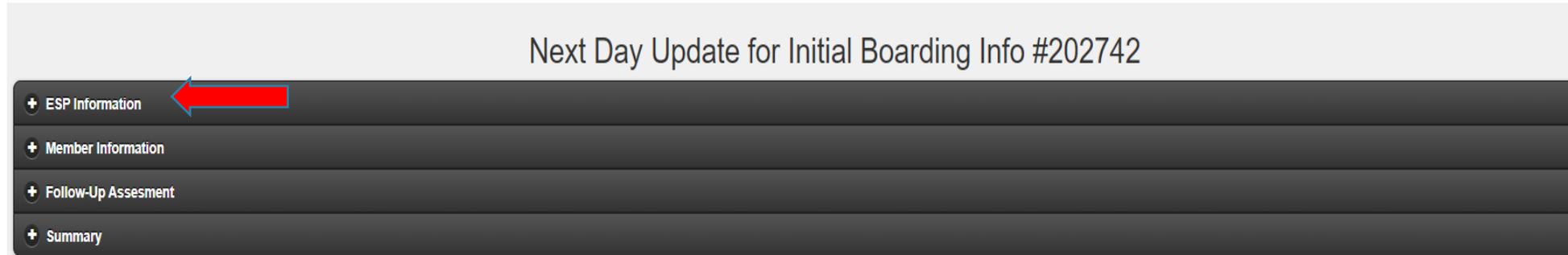
Page 1 of 1

No Next Day Updates have been entered

First Previous Next Last

# Next-Day Update (continued)

There are three tabs to fill out for a Next-Day Update: ESP Information, Member Information, and Follow-up Assessment.



ESP Information and Member Information will mostly auto populate from the Initial Boarding Info Form. The current Evaluator Name and License and Current Contact Phone number are required.

ESP Information

Provider: Access Line

ESP Office Name/Location:  
MBHP

ESP Address:  
1000 washington

Tax ID:  
123

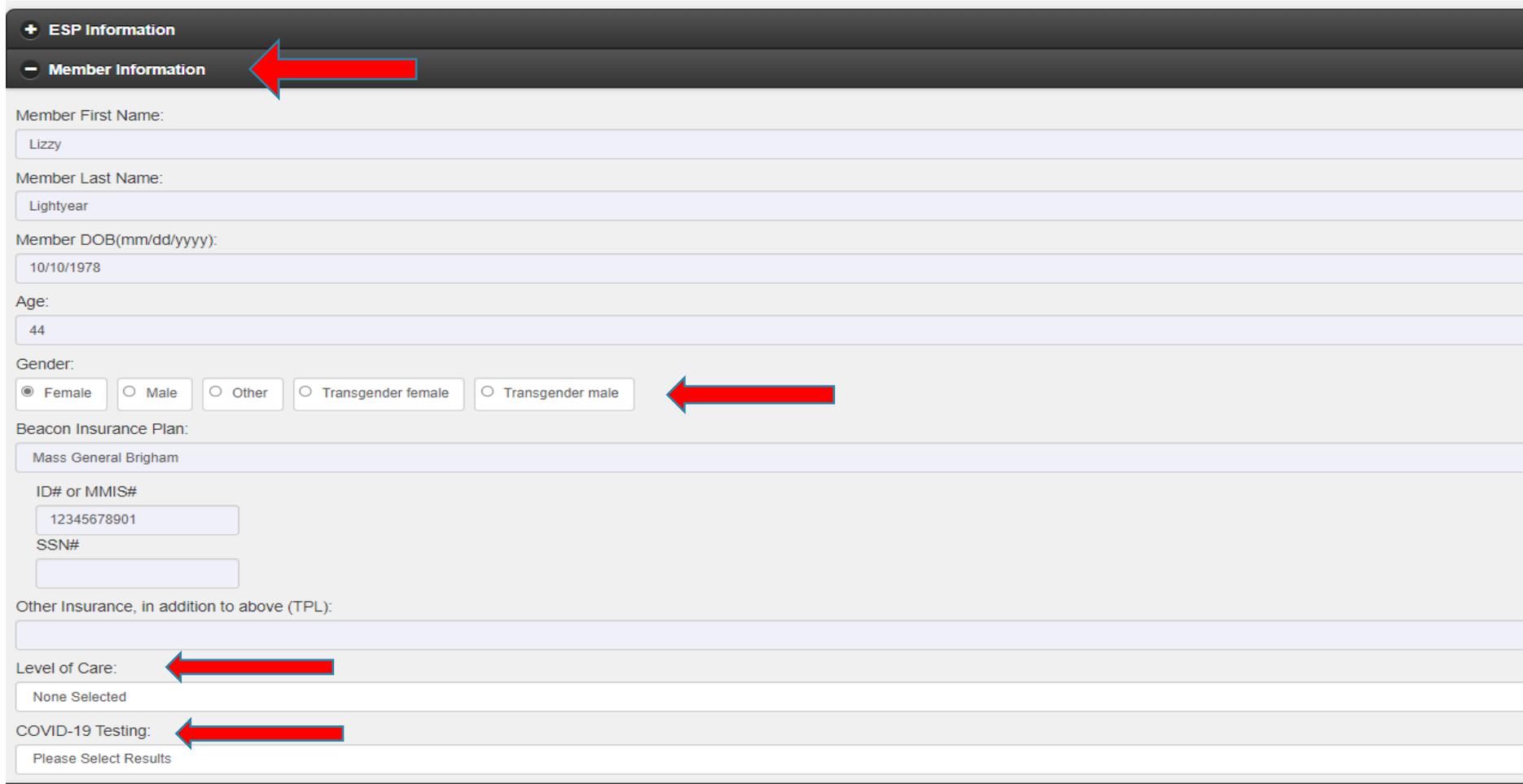
Evaluator Name and Licensure Level, (if not licensed, Master Degree or Nursing Degree):

Telephone:

Telephone 2 (optional):

# Next-Day Update (continued)

The tabs that are editable on the Member Information page are the Gender (in case new information is acquired), Level of Care (in case it has changed - Inpatient to CBAT or CBAT to Inpatient), and Status of COVID-19 testing.



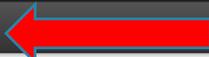
The screenshot shows a web form for member information. At the top, there are two tabs: '+ ESP Information' and '- Member Information'. A red arrow points to the '- Member Information' tab. Below the tabs, the form contains several fields: 'Member First Name' (Lizzy), 'Member Last Name' (Lightyear), 'Member DOB(mm/dd/yyyy)' (10/10/1978), 'Age' (44), 'Gender' (radio buttons for Female, Male, Other, Transgender female, Transgender male), 'Beacon Insurance Plan' (Mass General Brigham), 'ID# or MMIS#' (12345678901), 'SSN#' (empty), 'Other Insurance, in addition to above (TPL):' (empty), 'Level of Care' (None Selected), and 'COVID-19 Testing' (Please Select Results). Red arrows point to the 'Gender' field, the 'Level of Care' field, and the 'COVID-19 Testing' field.

# Clinical Information (continued)

The **Follow-up Assessment** page will show when the Member was originally seen and how long they have been waiting for placement. Enter the Member's current location, date, and time. Presentation since last updates should include: Mental Status, Acuity, aggression if the Member is on/off baseline and how, whether they were started on meds in the ED, etc. **Interventions:** include attempts to stabilize and refer back to the community with supports, collateral contacts, and why the Member continues to need an acute Level of Care.

+ ESP Information

+ Member Information

- Follow-Up Assessment 

Initial Boarding Info Submission Date: 10/27/2022 10:27 AM

Waiting Time: 3 day(s) 8 hour(s)

Service Location:  Date:  Time:

**Presentation Since Last Update:** (please describe Member's activity level and functioning since last evaluation. What is the Member's current Mental Status, is the Member's stay in ED impacting their presentation, has the Member been given their prescribed medication, has the Member required additional medication, level of containment required; if on 1:1, requires restraints or on a security watch, etc.... Are the Member's current symptoms/behaviors at baseline? And if not in what way are they different?)

1000 characters left

**Restraints used:**

Yes  No

**Intervention:** (please discuss interventions utilized to maintain or divert Member to lower level of care or back to community. What collateral contacts have been made i.e.; MCI, CBHI, OUTPT Providers, DCF, DYS, IHD, Family, Friends, etc... and describe what input was given by each provider. If no interventions, why not?)

2500 characters left

# Clinical Information (continued)

If **Restraints** were used, there will be a drop down to state what kind and when they were utilized. Similarly to the Initial Boarding form, answer the Yes/No questions related to consults and specialty placement requirements.

**Identify Barriers to Placement and Bed Search Results:** include why facilities state they can/will not admit the Member. Utilize MABHA to see which facilities are showing bed availability.

The screenshot shows a web form for clinical information. A modal window titled "Restraints used:" is open, showing radio buttons for "Yes" (selected) and "No". Below are fields for "Type of last restraint administered:" (a dropdown menu with "Please Select Type" selected and a list of options: "Physical", "Chemical", "Physical & Chemical"), "Date:", and "Time:" (00:00 am). The background form includes sections for "Psychiatric Consult Requested:", "Urgent Psychopharmacology Requested:", "MCPAP for ASD-ID Consultation Requested:", "MCPAP for ASD-ID Guardian Decline:", "Specialty Placement Required:", "Barriers to placement:" (a grid of checkboxes for various reasons like "Acute Suicide Attempt", "ASD-ID", "Assaultive Risk", etc.), "Bed Search:" (a text area for listing facilities), "Currently on Sec. 12?" (a dropdown menu with "No" selected), and a "Summary" button at the bottom.

# Next Day Evaluation Summary

Review the Summary as needed and submit.

- + ESP Information
- + Member Information
- + Follow-Up Assessment
- Summary 

MEMBER NAME: Lizzy Lightyear  
MEMBER DOB: 10/10/1978  
MEMBER MMIS#: 12345678901

Initial Boarding Info NEXT DAY UPDATE: with at 1000 washington is providing info for Next Day Update performed on at 00:00 and updating None Selected LOC for this 44 years old, Female currently at .

COVID-19 Testing:  
Presentation Since Last Update:  
Restraints used:  
Intervention:  
Psychiatric Consult Requested:  
Urgent Psychopharmacology Requested:  
MCPAP for ASD-ID Consultation Requested:  
MCPAP for ASD-ID Guardian Decline:  
Specialty Placement Required:  
Barriers to Placement:  
Bed Search:  
Section 12: No

# Requesting an Authorization: Partial Hospital

You will receive a **Submission ID** for the NDU. Exit the screen, and you will be able to see all NDU submitted for that particular Member. Click on the Back to Initial Boarding info page to see all Members who are boarding for your agency.

Next Day Update for Initial Boarding Info #202742

Your submission was successful!

Your Next Day Update (NDU) Submission ID is:

**#116867**

Exit

Submitted Next Day Updates (NDU) for Initial Boarding Info ID#202742 - ESP

New Form

Back to Initial Boarding Info Page

Refresh Queue

Page 1 of 1

+ 116867 | Lizzy Lightyear | 10/30/2022 07:02 PM

# Boarding Member Updated

You will see the Member has moved positions from the top to the bottom as a NDU is no longer due. Once Beacon reviews and enters the case it will show as received.

### Submitted Boarding Info

[Initial Boarding Info Form](#)

[Go To Archive Page](#)

[Refresh Queue](#)

Submitter Name:

Date Submitted:

Submission ID:

[Search](#) [Show All](#)

Page 1 of 1

+	202741	Karla Doe	10/27/2022 10:03 AM	Submitted	Next Day Update Due on 10/28/2022 10:03 AM
+	202745	flower power	10/28/2022 09:38 AM	Received	Next Day Update Due on 10/29/2022 09:38 AM
+	202744	John Doe	10/27/2022 02:17 PM	Received	Next Day Update Due on 10/28/2022 02:17 PM
+	202743	Jane Croft	10/27/2022 10:52 AM	Received	Next Day Update Due on 10/28/2022 05:58 PM
+	202740	Jane McGuire	10/26/2022 03:45 PM	Received	Next Day Update Due on 10/29/2022 09:46 AM
+	202742	Lizzy Lightyear	10/27/2022 10:27 AM	Submitted	
+	202746	na na	10/30/2022 05:26 PM	Received	

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Chapter

# 03

“We help people live their lives to the fullest potential.”

Our Commitment

## Bed Found or Request Withdrawn



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# Authorizations Will Not Be Given by the Northeast Access Line.

ESP/MCI teams are required to alert the Northeast Access Line via the EXAU website when and where a Member has been placed or is no longer in a bed search, so that the EPIA list can be updated on MABHA .

Hospital facilities will have up to 72 hours (or the next business day on holiday weekends) to notify Beacon of an admission. Hospitals should contact their assigned Concurrent Reviewer for initial notification and treatment planning.

The Northeast Access Line cannot and will not give out any authorization numbers under any circumstances starting Tuesday, November 8, 2022.

# How to Update Bed Found or Withdraw a Notification

From the Initial Boarding Info Queue, you will click on the plus sign to the left of a Member's name. You will see the Disposition Tab that will show Bed Search in Progress.

The screenshot displays the Beacon Health Options interface. At the top, there are input fields for 'Submitter Name', 'Date Submitted', and 'Submission ID', along with 'Search' and 'Show All' buttons. Below this is a list of notifications. A red arrow points to the plus sign on the left of the notification for 'Lizzy Lightyear | 10/27/2022 10:27 AM | Submitted'. Below the list, the detailed view for this notification is shown. The 'Disposition' dropdown menu is open, and a red arrow points to the 'Bed Search in Progress' option. Below the dropdown are three buttons: 'Submit', 'Archive', and 'Nex Day Update (NDU)'. At the bottom, there is a section for 'DATE AND TIME FIRST ARRIVED AT ED: N/A' and 'DATE AND TIME INTERVENTION REQUESTED: 2022-10-27 9 a.m.'

ID	Name	Date/Time	Status	Next Day Update Due
202741	Karla Doe	10/27/2022 10:03 AM	Submitted	10/28/2022 10:03 AM
202745	flower power	10/28/2022 09:38 AM	Received	10/29/2022 09:38 AM
202744	John Doe	10/27/2022 02:17 PM	Received	10/28/2022 02:17 PM
202743	Jane Croft	10/27/2022 10:52 AM	Received	10/28/2022 05:58 PM
202740	Jane McGuire	10/26/2022 03:45 PM	Received	10/29/2022 09:46 AM
202742	Lizzy Lightyear	10/27/2022 10:27 AM	Submitted	
202746	na na	10/30/2022 05:26 PM	Received	

Disposition: **Bed Search in Progress**

Submit  
Archive  
Nex Day Update (NDU)

DATE AND TIME FIRST ARRIVED AT ED: N/A  
DATE AND TIME INTERVENTION REQUESTED: 2022-10-27 9 a.m.

# Bed Found

When a bed is found and you select the option, you will be asked for what level of care (in case it was different than the original request), which provider, and the admit date.

202742 | Lizzy Lightyear | 10/27/2022 10:27 AM | Submitted

**Disposition:**

Bed Search in Progress

Bed Search in Progress

Bed Found

Request Withdrawn

Archive

Nex Day Update (NDU)

202742 | Lizzy Lightyear | 10/27/2022 10:27 AM | Submitted

**Disposition:**

Bed Found

LOC for Bed Found:

Inpatient

Provider:

Please Select Provider

Admit Date:

Submit

# Bed Found (continued)

Depending on the Level of Care selected, the in-network providers will populate. Then click submit.

**Disposition:**  
Bed Found

**LOC for Bed Found:**  
Inpatient

**Provider:**  
Please Select Provider

**Please Select Provider**

- Addison Gilbert Hospital
- AJH-Amesbury Health Center-Child Psych Center
- Anna Jacques Hospital
- Arbour Fuller Hospital
- Arbour Hospital
- Arbour Hospital-The Quincy Center
- Arbour HRI Hospital
- Bayridge Hospital
- Baystate Franklin Medical Center
- Baystate Medical Center
- Baystate Noble Hospital-Westfield
- Berkshire Medical Center
- Beth Israel Deaconess Medical Center Boston
- Beverly Hospital
- Boston's Children's Hospital
- BourneWood Hospital
- Brattleboro Retreat
- Brigham and Women's Faulkner Hospital
- Cambridge Hospital

**Disposition:**  
Bed Found

**LOC for Bed Found:**  
ICBAT

**Provider:**  
Please Select Provider

**Please Select Provider**

- Franciscan Hospital for Children
- Walker Home
- Wayside
- YOU INC - Wetzel

**Disposition:**  
Bed Found

**LOC for Bed Found:**  
CBAT

**Provider:**  
Please Select Provider

**Please Select Provider**

- Brandon Residential Treatment Center
- Child & Family Inc-New Bedford
- Children's Hospital at Waltham
- Franciscans Hospital for Children
- Germaine Lawrence
- Italian Home for Children
- McLean Hospital Southeast
- Northeast Behavioral Health-Hill House
- St. Ann's Home
- The Village for Youth, BHN
- Walker CBAT
- Wayside Youth & Family
- You Inc. - Cottage Hill Academy
- You Inc. - the Village
- You, Inc. - Wetzel Center

**Submit**

# Request Withdrawn

When you no longer need an acute Level of Care for a Member and the request is withdrawn you will be asked for the Disposition Location, Disposition Date, and additional information related to the Member returning to the community. Then click Submit.

202742 | Lizzy Lightyear | 10/27/2022 10:27 AM | Submitted

**Disposition:**  
Request Withdrawn

Disposition Location:  
REFERRED TO COMMUNITY BASED SERVICES

Disposition Date:

Additional information related to member ongoing support in the community:  
seeing Outpatient Therapist

973 characters left

**Submit**

Disposition Location:  
Please Select Location

Please Select Location  
DECLINED SERVICES - DOES NOT MEET CRITERIA FOR INVOLUNTARY ADMISSION  
DISCHARGED TO POLICE - DYS - COURT  
DISCHARGED TO RESIDENTIAL - GROUP HOME - NURSING FACILITY  
ELOPED  
EXPIRED  
REFERRED TO COMMUNITY BASED SERVICES  
SECTION 35  
MEDICALLY ADMITTED

# Request Withdrawn (continued)

The case will show as submitted. Once Beacon updates the file and closes it out on Beacon side, **the case will be automatically sent to the Archive page** and can be found there. If for some reason **a bed falls through and the Member remains in a bed search**, **call the Northeast Access Line and they will be able to unarchive the case and send it back to you for editing.** Any withdrawn case cannot be reopened and if a new bed search takes place: a new Initial Boarding Info form will need to be filled out and submitted.

Form submitted for ID #202742.  
Page 1 of 1

+ 202741   Karla Doe   10/27/2022 10:03 AM   Submitted	Next Day Update Due on 10/28/2022 10:03 AM
+ 202745   flower power   10/28/2022 09:38 AM   Received	Next Day Update Due on 10/29/2022 09:38 AM
+ 202744   John Doe   10/27/2022 02:17 PM   Received	Next Day Update Due on 10/28/2022 02:17 PM
+ 202743   Jane Croft   10/27/2022 10:52 AM   Received	Next Day Update Due on 10/28/2022 05:58 PM
+ 202740   Jane McGuire   10/26/2022 03:45 PM   Received	Next Day Update Due on 10/29/2022 09:46 AM
+ 202742   Lizzy Lightyear   10/27/2022 10:27 AM   Submitted	
+ 202746   na na   10/30/2022 05:26 PM   Received	

Submitted Boarding Info

Initial Boarding Info Form
Go To Archive Page
Refresh Queue

# Archive Page

The most recent case will appear at the top of the page. See below, there are 10 Members who show per page, and you can click next, or if you know the submitter name or Submission ID you can search that way. Cases closed by Beacon will automatically be archived on the ESP/MCI side.

Submitter Name:

Date Requested:

Submission ID:

Page 1 of 2

+ 202742   Lizzy Lightyear   10/27/2022 10:27 AM   Withdrawn/Diversion
+ 202733   Test Member   10/19/2022 11:45 AM   Withdrawn/Diversion
+ 184867   Jane Doe   9/20/2021 06:35 PM   Withdrawn/Diversion
+ 202732   Lara Jane   9/14/2022 04:32 PM   Completed
+ 202731   Jane Doe   9/14/2022 04:21 PM   Completed
+ 202729   Alice Wonderland   6/02/2022 04:04 PM   Completed
+ 202739   Lizzy McGuire   10/25/2022 09:23 AM   Canceled-Error
+ 192344   TEST TEST   1/04/2022 10:07 AM   Canceled-Error
+ 184872   John Doe   9/20/2021 08:41 PM   Canceled-Error
+ 178340   TEST TEST   6/21/2021 05:04 PM   Canceled-Error

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Chapter

# 04

“We help people live their lives to the fullest potential.”

Our Commitment

## Summary



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# Key Takeaways

- Beginning November 8, 2022, Beacon will no longer be required to obtain prior authorization before admitting Members to Inpatient, ICBAT or CBAT levels of care.
- Expedited Psychiatric Inpatient Admissions (EPIA) were also signed into law. This requires ESPs/MCIa to notify insurance companies if a Member is waiting for a placement for over 24 hours (Initial Boarding Information).
- Every 24 hours thereafter until a bed is found, a Next-Day Update (NDU) is required.
- All information is submitted on the Updated EXAU website.
- The Northeast Access Line will no longer be able to generate any authorizations for Medicaid Members. Hospitals will alert their designated Concurrent Reviewer within 72 hours.
- For Fallon Medicare, the process will remain the same and will require precertification.
- Per EPIA: the ESPs/MCIs will be required to update Beacon with the Bed Found Placement or Request Withdrawn once a Member is placed or a bed search is no longer required.

# Thank You!



image from - <https://www.voigtalservices.com/understanding-the-qa-function-on-google-my-business/>

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