

AMENDMENT 3
AMENDED AND RESTATED
FY2026 AND FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT
MASTER AGREEMENT
Exhibit K – Appendix D- Admission Notifications

Appendix D- Admission Notifications

**Individuals to include in admission notification: hospital liaison, liaison supervisor,
MH/Clinical Director, ID Director if applicable**

EMAIL TEMPLATE:

For the purpose of continuity of care, we are informing you that an individual was admitted to XXXX
from your CSB/BHA catchment area on XXXX

Patient Name:

MRN #

Admitted under (legal status):

Social Worker:

Please respond to the questions below. In addition, if there are any of the following documents at your agency - medical/psychiatric records, most recent notes, last assessment, and medication list, please fax them to xxx-xxx-xxxx or send them via encrypted email.

Is the individual open to a core service at the CSB/BHA (if yes, specify which service)?

Person responsible for discharge planning:

Name:

Phone:

Email:

Supervisor/administrator phone and email: