

**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:**