

Type of Notification (*Admission arranged*)

Name of hospital/facility

Address (*street, 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)

Community Crisis Stabilization (CCS)

Dual Diagnosis Acute Residential Treatment (DDART)

Enhanced Acute Treatment Services (EATS)

Intensive Community-based Acute Treatment (ICBAT)

Other, specify

Clinical Information

ICD-10 Alpha Numeric Diagnosis Code

Attestation

Name of ED/CBHC clinician completing this form

Date / /