

Attachment B
Sample Continuity of Care Letter

To : (Name of Contact)
Pikes Peaks Mental Health Center
115 Parkside Drive
Colorado Springs, Colorado 80910

Fr: (Name of Contact)
Arapahoe/Douglas Mental Health Network
5500 South Sycamore St. Suite 301
Littleton, Colorado 80120

Date:

Re: Continuity of Agreement

Arapahoe/Douglas Mental Health Network agrees to provide
_____ on the client, _____ (DOB _____)
(type of service, i.e. hospitalization, etc)

This agreement will begin on _____, and will run
through _____, or until the Medicaid has been changed
to _____ county.

If hospitalization is needed, please contact our emergency services
team at _____.

Sincerely,

(Name of Contact)