



North Sound Behavioral Health Organization, LLC

301 Valley Mall Way, Suite 110, Mount Vernon, WA 98273
http://northsoundbho.org • 360.416.7013 • 800.684.3555 • F 360.416.7017

Voluntary Psychiatric Inpatient Notification Form

Call VOA Inpatient Certification Line: 800-707-4656, Option 1

NORTH SOUND RESIDENT INFORMATION

Plan: Medicaid Dual Medicaid/Medicare Unknown
 Applying – *Eligible for Medicaid* Gross Yearly Income _____ Household size _____ 220% of Poverty or less Yes No
Enrollee Full Name: _____ Date of Birth: _____
Address: _____
SSN: _____ P1 ID #: _____ Active Inactive Applying

Consent to Care By

Consumer Parent/Legal Guardian _____ Parent-Initiated Treatment (PIT) Court Advance Directive Other

PROVIDER INFORMATION

Date & Time of Patient Admit to ED _____ Date Admitted to Medical Floor (if applicable) _____
Date & Time of Notification Request: _____ Medical Intervention Provided (if applicable) _____
Requestor's Name and Facility Sending Notification: _____ Phone: _____

Attending Treatment Psychiatrist/Physician: _____

Has the attending physician determined the individual to meet criteria for Emergency Medical Condition? Yes No

Date & Time of Mental Health Evaluation: _____

Planned admitting facility: _____

Planned Admission Date to Facility: _____

SERVICES REQUESTED

Requires prior authorization before admission:

Non-Emergent and Planned Inpatient Admissions

Requires Status Post-Stabilization Authorization

within 24 hrs of the Emergency Medical Condition Admission to an Inpatient Psychiatric Facility

Requires Prior Notification:

Emergent Psychiatric Admissions (Vol and PIT)

Primary Mental Health Diagnosis can be determined: Yes No

ICD-10 Code & DSM-5 Diagnosis _____ Psychiatric Meds: _____

Tox Screen result: _____ BAL result: _____

Presenting Problem

Chief Complaint/Primary Reason for Inpt. Psych. Admission: _____

Actions Taken to Prevent Hospitalization:

Less Restrictive Attempted by Requestor: _____

Less Restrictive(s) Recommended by VOA: _____

BHO Enrolled Member Yes No Is Consumer Enrolled in: IOP PACT WISE (children) Other

Was OP Provider or Team called? Yes No

Result of Call w/OP Provider: _____

Note: Emergent Medical Condition Admissions do not require prior authorization from VOA and the ED can transport the client to an inpatient psychiatric facility once the ED has secured a psych bed. **The 1st 24 hours is automatically authorized for payment.** The Inpatient Psychiatric Facility will need to contact VOA Certification within 24 hours of admission **after** completing a thorough mental health evaluation and any necessary lab work. If admission is over the weekend, the inpatient facility may call VOA Certification Line the next business day for a Retrospective Request but this does not guarantee payment for services beyond the first 24 hours after admit.



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<i>Provider/Agency</i>	<i>Provider Name</i>	<i>Phone</i>	<i>Date/Time of Appointment</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Federal Poverty Level Chart

Household Size	100%	133%	138%	220%	250%	400%
1	\$11,770	\$15,654	\$16,242	\$25,894	\$29,425	\$47,080
2	\$15,930	\$21,186	\$21,983	\$35,046	\$39,825	\$63,720
3	\$20,090	\$26,719	\$27,724	\$44,198	\$50,225	\$80,360
4	\$24,250	\$32,252	\$33,465	\$53,350	60,625	\$97,000
5	\$28,410	\$37,785	\$39,205	\$62,502	\$71,025	\$113,640
6	\$32,570	\$43,318	\$44,946	\$71,654	\$81,425	\$130,280
7	\$36,730	\$48,850	\$50,687	\$80,806	\$91,825	\$146,920
8	\$40,890	\$54,383	\$56,428	\$89,958	\$102,225	\$160,360

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