



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

Out-of-Network Service BHO Notification & Update

Individual's name/ID:		Date of Birth:	Date:
Individual's address:		CA/LOCUS or ASAM (if applicable) level:	
Does the individual need language interpretation, translated materials and/or a culturally competent clinician to provide their requested services?		Recommended LOC:	
Current behavioral health agency and program/episode type:		Who requested (choose one or more): Current clinician Individual Parent/guardian	
Current clinician name:	Clinician phone number:		
Diagnoses (please list all diagnoses/issues, including medical, developmental, substance use):			
Is this an update on the current subcontracted services being provided? Yes No			
If so, please provide details of the individual's current needs, progress, reasons the subcontracted treatment is still indicated and plan for discharge from the subcontracted services (if applicable)			
Are there provider agencies within the BHO network able to provide this service? Yes No			
If not, please provide an explanation including the individual's specific needs, reasons another BHA was unable to provide the service, what less restrictive alternatives were explored/attempted/declined and reasons less restrictive options were unsuccessful or inappropriate:			
What services / supports will the current BHA continue to provide in conjunction with the subcontracted services?			
Name of subcontractor:	Address of subcontractor:	Phone # of subcontractor:	
Type of specialty service being subcontracted:	<p>By signature below, the BHA is attesting this out-of-network provider has a current license and certification in good standing to perform the services requested:</p> <p style="text-align: center;">Yes No</p> <p>Signature _____ Date _____</p> <p><i>(BHO provider will ensure all applicable requirements under the Subcontract portion of the BHO contract for subcontracted services are adhered to. This includes but is not limited to ensuring the subcontracted agency holds all necessary licenses, certifications and/or permits required by law for the services to be delivered. This should be clearly outlined in the subcontract along with a clear means to revoke or take remedial actions if the subcontractor fails to comply with the terms of the subcontract. Additionally, the BHO agency should ensure the subcontractor is not currently excluded from the participation of federal health care programs, debarred, suspended or under any other type of corrective action prior to developing a subcontract for services.)</i></p>		

Please send this form and a copy of the subcontract by secure fax or encrypted email to North Sound BHO Contracts Manager and either the Adult or Youth Care Coordinator as appropriate. Fax 360-416-7017