



North Sound Behavioral Health Administrative Services Organization  
**Facility Site Credentialing Application**

**INSTRUCTIONS:**

Complete all items as noted below and submit this application and attachments **for each facility** you would like to utilize for contracted services with North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO):

- ✓ As part of your agency’s initial credentialing application in addition to the Agency credentialing application.  
**Or**
- ✓ As part of your agency’s recredentialing application in addition to the Agency recredentialing application.  
**Or**
- ✓ To add a facility site to your currently credentialed agency’s list of contracted locations.

**Initial Credentialing**

**Recredentialing**

**Add a Facility Site**

Applicant/Agency Name:	
Date:	
Agency Contact Person:	
Agency Contact Person Email:	
Name of Location (if applicable):	
Address of Additional Location:	

**Location Information**

Is this location Medicare Certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, provide the site-specific Medicare#:	
If applicable, provide the site-specific Medicaid#:	

Site-specific TIN:	
Site-specific NPI:	
If applicable, State provider #:	
Is location accessible to individuals with a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does location offer pediatric services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are the office hours at this location?	
List any languages spoken by office personnel at this location:	
List any practice limitations at this location (age, gender, etc.)	

**Location License Information**

Please check here if this location is not required to be licensed, certified, or registered by a State agency.

Please list applicable State DOH license(s) for this location:	Expiry Date:

**Location Accreditation/Certification Information**

<b>Accreditation Organization (CMS, NCQA, TJC, etc.)</b>		<b>Date of Last Survey at this Location</b>
	(CMS) Medicare Certification (attach most recent survey and acceptance letter)	
	(AAAHC) Accreditation Association for Ambulatory Health Care	

	(ACHC) Accreditation Commission for Health Care	
	(CARF) Commission on Accreditation of Rehabilitation Facilities	
	(CHAP) Community Health Accreditation Program	
	(DNV) Det Norske Veritas	
	(HFAP) Healthcare Facilities Accreditation Program - AOA	
	(HQAA) Healthcare Quality Association on Accreditation	
	(NCQA) National Commission for Quality Assurance	
	(TJC) The Joint Commission	
	(URAC) URAC, (aka, American Accreditation Healthcare Commission)	
	Other:	
	Other:	
Please check here if the State conducts routine surveys of your agency for license, registration, or clinical oversight.		
Please check here if your agency is NOT accredited and NOT required to be surveyed by ANY organization.		
Additional Comments:		

**Location Services Information**

What services would you like this location to be credentialed for?	
	Outpatient Services
	Outpatient Services, Mental Health Outpatient and Medication Management
	Outpatient Services, Substance Use Disorder Outpatient Benefit
	Evaluation and Treatment
	Crisis Services
	Crisis Services, Involuntary Treatment Evaluation (ITA)
	Withdrawal Management Services
	Substance Use Disorder Residential

	Mental Health Services in a Residential Setting
	Crisis Triage
	Crisis Triage, Crisis Stabilization in Facility
Other:	

Additional Comments/Notes:

Signature: \_\_\_\_\_

Printed Name (*if form is completed by hand*): \_\_\_\_\_

Date: \_\_\_\_\_