



North Sound BH-ASO
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Crisis Stabilization & Triage Monthly Funding Report Form

Send via email to deliverables@nsbhaso.org by the 10th of each month.

Provider & Facility:	
Completed by:	
Reporting Period:	
Summarize your efforts to ensure individuals receiving services funded by these funds are not eligible for Medicaid at the time of service.	

		Bed Days	Admits
Medicaid	Mental Health		
Medicaid	Substance Use Disorder		
Medicaid	Co-Occurring		
Non-Medicaid	Mental Health		
Non-Medicaid	Substance Use Disorder		
Non-Medicaid	Co-Occurring		

Average facility available beds (i.e., 8, 12, 14, 16)	
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