King County Behavioral Health Administrative Services Organization (BH-ASO)

NON-MEDICAID MENTAL HEALTH OUTPATIENT BENEFIT REQUEST
(Form for Agencies with a Quarterly Allocation)

Return to Care Coordination Team
Fax: 206-205-1634 or via email at resauth@kingcounty.gov

Basic Eligibility

A. Individuals must be a resident of King County.

B. The individual's Income cannot be greater than 220 percent of federal poverty level for a single adult or family, as is appropriate to the individual's living situation. Income cannot be greater than 300 percent federal poverty level for children.

C. The individual may not be covered by any other health insurance, aside from Medicare in some instances where their income is such that they may not be reasonably expected to meet their spend down.

Only individuals who are confirmed to meet First Priority Criteria (see the Provider Manual) are eligible to be authorized for a MIDD outpatient benefit for a Provider with a Quarterly Allocation.

Date Requested: _____

Client Name: _____ KCID: _____

Level of Care Anticipated: _____

Provider Code: _____

Referring person: _____

Referring person phone number: _____

Please indicate if this request is for a person in a First Priority population (check one after referring to the Provider Manual)

☐ State hospital or CLIP discharge

Date admitted to Western State Hospital (WSH): _____

Date being discharged from WSH: _____

Date admitted to CLIP: _____

Date being discharged from CLIP: _____

☐ Inpatient Psychiatric hospital or Secure Withdrawal Management (SWM) facility discharge

Date admitted to psychiatric inpatient hospital or SWM facility: _____

Date to be discharged from psych inpatient hosp. or SWM: _____

☐ Release from incarceration

Date admitted to prison or juvenile rehabilitation facility: _____

Date being discharged from prison or juvenile rehabilitation facility: _____

Date Medicaid application initiated: _____

Date Medicaid application expected to be complete: _____

☐ Extraordinary Treatment Plan

☐ Housing (person is in SSH, ISH, or ShelterPlusCare)

☐ Other