**Crisis Stabilization Funding Report Form**

*Send via email to deliverables@nsbhaso.org*

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| County: |  |
| Completed by: |  |
| Date: |  |
| 1. Describe your processes in place to ensure individuals receiving services funded by these funds are not eligible for Medicaid at the time of service. | |
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| 1. Describe your notification to North Sound BH-ASO Contract Manager by email upon execution of the Subcontracts and any amendments to Subcontracts, including provision of copies of the Subcontracts at time of notification. | |
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| 1. Describe your submission of a monthly report regarding Individuals served as described herein to the North Sound BH-ASO Contract Manager that includes:   i. Number of SUD Individuals served;  ii. Number of Mental Health Individuals served;  iii. Total number of crisis stabilization individuals served in hourly units; and  iv. The number of days of subacute withdrawal management provided | |
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