

# GREATER COLUMBIA BEHAVIORAL HEALTH, LLC BH-ASO

101 N. Edison Street, Kennewick, WA 99336 - Phone: 509-737-2475 or 1-888-545-3022  
Fax: 509-783-4165 or Secure Authorization Fax: 509-460-5238 - website: [gcbhllc.org](http://gcbhllc.org)

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## **SINGLE CASE AGREEMENT FOR BEHAVIORAL HEALTH SERVICES – FORM B –**

### **Single Case Agreement (SCA) – Form B – Per Individual**

A SCA for each ITA'd Individual from Greater Columbia Behavioral Health BH-ASO for all Non-Medicaid Individuals who reside within the Greater Columbia Behavioral Health BH-ASO Regional Service Area (RSA) that are detained on an Involuntary Treatment Act (ITA).

- 1. Complete for each Individual upon detainment to get ASO Authorization**
- 2. Submit to secure fax: 509-460-5238**

### **Reference Guides and/Protocols:**

- ITA's – E&T's, Inpatient, and Secure Detox Facilities
- Crisis Stabilization/Triage Facilities
- SUD – Withdrawal Management and Residential Facilities
- Financial – Billings/Payment

(Notifications can be made telephonically, however clinical documentation is required as stated in each of the above guide/protocols)

**If a Single Case Agreement is authorized, the terms and conditions of working with GCBH BH-ASO. Non-contracted facilities/professionals must agree to the following:**

- This is a SCA for only the individual for whom it was authorized and for only those services authorized, and there are no In-RSA providers whose qualifications or specialties match those required to adequately treat the individual.
- Financial Protocol: To accept current HCA State Rate for facility type, UB04 HealthClaim Form Completed In-Full. Submit completed UB04 to: [karenr@gcbh.org](mailto:karenr@gcbh.org) and [Jenniferd@gcbh.org](mailto:Jenniferd@gcbh.org) Understand that the BH-ASO is considered payer of last resort, all other coverages have been billed and EOB is supplied with UBO4 Health Claim Form for BH-ASO authorized individual.
- All other terms and conditions within the fully implemented SCA, QSO/BAA and State and Federal laws.

# SINGLE CASE AGREEMENT FOR BEHAVIORAL HEALTH SERVICES – FORM B

**DATE OF AUTHORIZATION REQUEST:**

**ITA: Yes or No**

**Voluntary: Yes or No**(within  
available resources)

**Section: 1**

<b>Provider - Facility Information:</b>	
<b>Provider Legal Name:</b>	
<b>DBA Name:</b>	
<b>Federal Tax ID:</b>	<b>Agency NPI#:</b>
<b>Mailing Address:</b>	
<b>City:</b>	<b>State:</b>
<b>Zip + 4:</b>	<b>County:</b>
<b>Telephone Number:</b>	<b>Fax Number:</b>
<b>Primary Contact Name:</b>	
<b>Mailing Address:</b>	
<b>City:</b>	<b>State:</b>
<b>Zip + 4:</b>	<b>County:</b>
<b>Telephone Number:</b>	<b>Email:</b>
<b>Primary Clinical Contact:</b>	
<b>Telephone Number:</b>	<b>Email:</b>
<b>Are you working with a Care Coordinator on this case?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Coordinator's name:</b>

**Section: 2**

<b>Provider Type:</b>	
<input type="checkbox"/> <b>E&amp;T Facility</b>	<input type="checkbox"/> <b>Inpatient Facility</b>
<input type="checkbox"/> <b>SUD Residential Facility</b>	<input type="checkbox"/> <b>Secure Detox Facility</b>
<input type="checkbox"/>	<input type="checkbox"/>

**Section: 3**

<b>Individual Information:</b>	
<b>Full Individual Name:</b>	<b>Individual SS #:</b>
<b>Individual DOB:</b>	<b>Individual County of Origin:</b>
<b>Address:</b>	
<b>City:</b>	
<b>State:</b>	<b>ZipCode:</b>
<b>County of Residence:</b>	
<b>County of Detention:</b>	
<b>Requested Service Begin Date:</b>	
<b>Requested Service End Date:</b>	
<b>GCBH BH-ASO Authorization Number:</b>	
<b>Funding Source:</b>	
<input type="checkbox"/> <b>No-Insurance</b>	
<input type="checkbox"/> <b>Third Party Insurance</b>	
<input type="checkbox"/> <b>Medicare</b>	
<input type="checkbox"/> <b>Medicaid- P1#</b> _____ <b>(Verification Inactive/not eligible attached)</b>	

**Please note that in order for your request to be processed. THE FACILITY MUST HAVE A FULLY IMPLEMENTED CURRENT YEAR SINGLE CASE AGREEMENT WITH GCBH ON FILE, AND ALL OF THE ABOVE FIELDS MUST BE COMPLETED FOR EACH FORM B SUBMITTED.**

**WHEN COMPLETE, SUBMIT VIA SECURE FAX: 509-460-5238**