

Crisis Team Endorsement application

Organization eligibility

To seek endorsement your organization must:

1. Be licensed to operate and provide services in Washington State according to **WAC 246-341-0901**.
2. Identify as an “eligible organization” per **WAC 182-140-0020**. Eligible organizations are considered to be one of the following:
 - Any entity below operated by a tribal government;
 - City or county government entity, other than a law enforcement agency;
 - Emergency medical service agency;
 - Fire department;
 - Fire service agency;
 - Licensed or certified behavioral health agency;
 - Medical facility;
 - Nonprofit crisis response provider;
 - Nonprofit organization;
 - Public health agency.
3. Have an active Behavioral Health Agency (BHA) license issued by the Department of Health, or a contract with a licensed or certified BHA who is contracted with the BH-ASO in the region where the team will operate.
4. Have a current contract with the Behavioral Health Administrative Services Organization (BH-ASO) serving the region where the team will operate, or a “letter of intent” issued by the BH-ASO serving the region to contract once endorsed.
5. Be in compliance with BH-ASO contracts.
6. Be licensed with the Department of Health (DOH) to provide crisis services.

Learn more about how to [apply for endorsement](#).

I want to:

Apply for an initial endorsement

Renew an endorsement

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Business information

This application is for a crisis team that is a:

Tribal Organization (please check an additional box to indicate type of crisis team)

Community-Based Crisis Team (non-exempt)

Community-Based Crisis Team (exempt)

Mobile Rapid Response Crisis Team

Owner information

WA UBI #

Federal Tax ID (FEIN) # (if issued)

Legal owner/operator entity name (as is on UBI)

Owner’s mailing address

City

State

Zip code

Agency information

Name of agency (as advertised on signage, website)

Agency website (if applicable)

Email address

Phone (10 digit)

Physical address

City

State

Zip code

Mailing address

City

State

Zip code

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Amend an endorsement

This section does not need to be completed for an initial endorsement.

Endorsement # being amended:

I am:

Terminating an endorsement

Date of closure

Custodian of records

Custodian phone

Custodian address

City

State

Zipcode

Changing the administrator

New administrator name

Date appointed

Email

Phone

Changing the associated BHA (Community-Based Crisis Teams)

New BHA name

BHA license

Relationship: Self

Contractual

MOU (exempt teams only)

Clinical Supervisor for:

MH

SUD

Name (as it appears on credential)

Credential #

Email

Phone

Clinical Supervisor for:

MH

SUD

Name (as it appears on credential)

Credential #

Email

Phone

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Service area

Identify which counties will be serviced with this endorsement.

Does your team serve the entire county? Yes No
If no, please list the cities or zip codes served within the county.

Enter the dispatch locations of the team.

I declare the following:

- To being able to provide services under WAC:
 - 182-140-0080, Staffing standards
 - 182-140-0090, Trainings standards
 - 182-140-0100, Transportation standards
- That the business entity named in this application has:
 - A current contract with the behavioral health administrative services organization (BH-ASO) serving the region where the eligible organization will operate; or
 - A letter of intent to contract once the team is endorsed from the behavioral health administrative services organization (BH-ASO) serving the region where the eligible organization will operate.
- That I will notify the authority if changes occur in any of the information provided on this application.
- That no person named in this application has had a license or certification for a treatment service or healthcare agency denied, revoked, or suspended.
- That no person named in this application has been convicted of child abuse or adjudicated as a perpetrator of substantiated child abuse.
- That no person or business entity named in this application is currently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in transactions involving certain federal funds.
- That no person or business entity named in this application is currently under investigation for or has committed, permitted, aided, or abetted the commission of an illegal act or unprofessional conduct as defined under RCW 18.130.180.
- That this agency meets the Americans with Disabilities Act (ADA) standards, and that the facility is: Suitable for the purposes intended; is not a personal residence; and approved as meeting all building and safety requirements.
- That the information contained in this application and on all documents submitted with this application is true, accurate, and complete to the best of my knowledge.

The undersigned represents and warrants they have the legal authority to execute this document on behalf of the listed entity and that the information contained in this application and on all documents submitted with this attestation are true, accurate, and complete to the best of my knowledge.

Print first and last name

Title

Signature

Date

Please email the completed form to HCAMobileCrisisOutreachEndorsement@hca.wa.gov.

Application numbers