Single Bed Certification Form – WAC 182-538D-0526

Fax requests to:
Western State Hospital FAX# 253-582-2361

To speak with the nurse processing SBCs, please call 253-756-2612

County:	☐ Initial Request ☐ Extension Request

Name & Title of Requester OR Facility name for person under 18 years of age

Requester Fax #:	Requester Phone #:
Date Requested:	Time Requested:

The facility that is the site of the proposed single bed certification confirms that it is willing and able to provide directly, or by direct arrangement with other public or private agencies, timely and appropriate mental health treatment to the person for whom the single bed certification is sought. The single bed certification will apply only to that facility only for a period of 30 days.

Facility:	City:
Name & Title of Acceptor:	Acceptor Phone #:

Patient Name:	First	Last	MI

DOB:

If person is under 18 years of age, is this request for certification on an adult unit?
☐ Yes ☐ No

Gender:
☐ Female
☐ Male
☐ Other

Legal Status:

☐ 72 Hour Detention	☐ LRA Revocation Detention
☐ 14-Day Commitment	☐ 90-Day Commitment
☐ 180-Day Commitment	☐ 90-Day LRA Revocation Order
☐ 180-Day LRA Revocation Order	☐ 365-Day LRA Revocation Order

Criteria for Request:

☐ The person is expected to be ready for discharge from inpatient services within the next thirty days and being at a community facility would facilitate continuity of care, consistent with the person's individual treatment needs.

☐ The person can receive appropriate mental health treatment in a residential treatment facility, as defined in WAC 246-337-005. The RTF is a certified E&T:

☐ Yes
☐ No*

* If the RTF is not an E&T, the SBC requires an attachment documenting how the RTF will meet the person's evaluation and treatment needs per WAC & RCW.

☐ The person can receive appropriate mental health treatment at a:

☐ Hospital with a psychiatric unit
☐ Hospital that can provide timely and appropriate mental health treatment
☐ Psychiatric hospital

☐ The person requires MEDICAL services that are not generally available at a facility certified under WAC 388-865-0526.

☐ The person is awaiting transportation to an identified bed at a certified E&T and the Emergency Room is willing and able to provide mental health treatment in the interim.

Describe why person meets Criteria for Request. (Include medical services required.)

FOR USE BY STATE HOSPITAL STAFF ONLY

Certification Approved By:	Title:
Date Approved:	Time Approved:

THIS CERTIFICATION EXPIRES 30 DAYS FROM DATE OF APPROVAL

HCA form issued: 2/27/2019