

Single Bed Certification

If a consumer is detained for involuntary care and a bed is not available in an MHD certified facility, the State Psychiatric Hospitals (under the authority of the Mental Health Division) may, at their discretion, issue a single bed certification which serves as temporary certification (see **WAC 388-865-0526**) allowing for inpatient admission to occur in that setting.

Requests for single bed certification are made **by the MHD designee** prior to commencement of the detention order.

The MHD designees listed below must seek single bed certification from Western State Hospital using the form on page 7.

- **Fax:** 253-756-2572 (M-F, 7:00 a.m.- 4:00 p.m.)
- **After 4:00 pm & Holidays:** 253-756-2873

MHD designee	Counties within the MHD's designee's service area
Clark	Clark
Grays Harbor	Grays Harbor
King	King
North Sound	Skagit, Snohomish, Whatcom, Island, San Juan
Pierce	Pierce
Peninsula	Clallam, Forks, Jefferson, Kitsap
South West	Cowlitz
Thurston Mason	Thurston Mason
Timberlands	Wahkiakum, Lewis, Pacific

The MHD designees listed below must seek single bed certification from Eastern State Hospital using the form on page 8.

- **Fax:** 509-299-4583
- **After Hours & Holidays:** same fax number

MHD designee	Counties within the MHD's designee's service area
Chelan Douglas	Chelan, Douglas
Greater Columbia	Kittitas, Yakima, Franklin, Benton, Whitman, Garfield, Columbia, Asotin, Walla-Walls, Klickitat, Skamania
North Central Spokane	Okanogan, Ferry, Stevens, Pend Oreille, Lincoln, Adams, Grant Spokane

WSH SINGLE BED CERTIFICATION

Fax requests to: WSH Director of Social Work: **253-756-2572** (M-F 7a.m.- 4p.m)

After 4:00 p.m. & Holidays: WSH Director of Nursing: **253-756-2873**

Facility Requesting Certification:

RSN Designated Person Making

Request: _____

Name/Title

FAX _____ Phone _____

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Patient

Name _____

DOB _____ SSN _____

Legal Status _____

Criteria for Requesting Certification: (choose one)

- (a) The consumer requires services that are not available at a facility certified under this chapter (WAC 388-865-0500) or a state psychiatric hospital.
- (b) The consumer 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 consumer's individual treatment needs.

If patient is an adolescent, is this request for an adult unit?

Estimated Length of Certification: _____ Days From _____

To _____

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FOR USE BY WSH STAFF

Certification Approved By _____

Date: _____

Phone: 253-756-2524 or 756-2966