STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Services Administration
Residential Care Services • P.O. Box 45600 • Olympia, Washington 98504

June 01, 2026

HCLA: AFH #2026-020
HCLA: ALF #2026-023
HCLA: ESF #2026-017
Notice of Bed Hold Request

Dear Provider/Administrator:

This letter is to inform you of recent updates to the Adult Residential Care Services Notice of Change form, a form used to report resident changes. The form has been given a new name, **DSHS Form 05-249 – Notice of Bed Hold Request**, and may be used to communicate with case managers regarding bed hold requests and their outcomes. The form remains optional for use. ***All other prior uses of this form no longer apply or are now handled through other processes or forms.***

If your facility chooses to begin using this form, you may do so immediately. Please ensure staff are aware of its updated purpose. As a reminder, per WAC 3881050045, providers must notify the department by email, fax, or telephone within 24 hours after the initial 24-hour period when a resident has been receiving short-term care services. Failure to provide timely notification may result in delayed payment or denial of the bed hold request.

If you have any questions, please contact hcsresidentialpolicy@dshs.wa.gov for Home & Community Services clients and Paula Costa at paula.costa@dshs.wa.gov for DDA clients.

Sincerely,

Amy Abbott, Director
Residential Care Services

DSHS: *"Partnering with People"*