Washington State Department of Social & Health Services
Transforming lives

AGING AND LONG-TERM SUPPORT ADMINISTRATION
HOME AND COMMUNITY SERVICES (HCS)

HCS Behavior Support Consultation and/or Training Request

DATE

Client Information

CLIENT'S NAME	CLIENT'S DATE OF BIRTH	CLIENT'S ACES ID
ASSIGNED CASE MANAGER'S NAME	CASE MANAGER'S TELEPHONE NUMBER / EMAIL	
STATE HOSPITAL (WSH / ESH) / ENT / HOSPITAL SOCIAL WORKER'S NAME	(WSH / ESH) / ENT / HOSPITAL SW'S TELEPHONE NUMBER / EMAIL	
MCO / BHO LIAISON'S NAME	MCO / BHO LIAISON'S TELEPHONE NUMBER / EMAIL	

Provider Information

FACILITY NAME	
PROVIDER'S NAME	
PROVIDER PHONE NUMBER (CELL PHONE IF AVAILABLE)	PROVIDER EMAIL ADDRESS

Support Consultation and/or Training Request Information

SPECIFIC PRESENTING ISSUE(S), IF CASE SPECIFIC (EXAMPLES: LEAVING SUPERVISION WITHOUT NOTIFYING PROVIDER, REFUSING CARE / MEDICATIONS, YELLING AT OR THREATENING STAFF / HOUSEMATES, ETC.)

Current behaviors, legal status, past offenses, sex offender status, including known triggers and interventions, if possible.

SERVICE BEING REQUESTED, IF **NOT** CASE SPECIFIC

Consultation, training, etc., if not case specific.

Client will D/C with CR/LR: ☐ Yes ☐ No

If yes, include details (e.g. contact information, specific conditions, etc.):

ECS CLIENT / CONTRACT	SBS CLIENT / CONTRACT
☐ Yes ☐ No	☐ Yes ☐ No

CLIENT WILL HAVE DOC / ORCS AT D/C IF YES, INCLUDE DETAILS (E.G. CONTACT INFORMATION, APPROVAL STATUS, ETC.)

☐ Yes ☐ No

CLIENT WILL D/C WITH PACT IF YES, INCLUDE DETAILS (E.G. CONTACT INFORMATION, APPROVAL STATUS, ETC.)

☐ Yes ☐ No

MENTAL HEALTH PRESCRIBER

For HCS Behavior Support Trainer Use ONLY

HCS REGIONAL BEHAVIORAL SUPPORT TRAINER
CONSULTATION DATE AND TIME
TYPE OF CONSULTATION PROVIDED
TRAINING DATE AND TIME
TYPE OF TRAINING PROVIDED

Instructions for Completion of HCS Behavior Support Consultation and/or Training Request Form (DSHS 15-557)

Purpose:

You should use this form when you request the DSHS State Hospital Discharge and Diversion Team (SHDD), Behavior Support trainer to complete a Pre-Discharge consultation from Western / Eastern State Hospital with the receiving facility (Adult Family Home, Assisted Living, Enhanced Services Facility and Skilled Nursing Facilities).

You may also use this form to request a client specific consultation for clients and providers whom are experiencing behavioral challenges in a HCS facility.

For non-case specific training requests, please detail facility and type of training being requested.

Use: You may fill out this form electronically or by hand. Use the tab key on a computer to move between fields.

A separate form must be completed for each referral.

Parts of Form:

CLIENT INFORMATION:

- Complete this section ensuring State Hospital / MCO / BHO details are included for Pre-discharge consultations.

PROVIDER INFORMATION:

- Ensure this section includes the full details of the Provider information as facilities can have the same name.

SUPPORT CONSULTATION and/or TRAINING REQUEST INFORMATION:

- Cross reference the details listed on the CARE assessment and detail specific presenting issues pertaining to the need for consultation.
- If NOT case specific, add training requests.
- Copy of Conditional Release (CR) / Lesser Restrictive Order (LR) can be added (ensure all emails are confidential).
- Expanded Community Service (ECS) / Specialized Behavior Support (SBS) – check which are planned or currently received programs
- Department of Corrections (DOC) / Offender Re-Entry Community Safety Program (ORCS) details to be completed if client is part of these programs.
- Program of Assertive Outreach Treatment (PACT) information included if used.
- Name of Mental Health prescriber to be used / is used in the community.

Forward completed referral form to SHDDRef@dshs.wa.gov. Include the Region and type of request (consultation / training) in the subject line. E.g. “Region 1 Consultation client specific”. An automatic response will be sent and the SHDD / Regional Behavior Support Trainer will be in contact in two business days.

HCS BEHAVIOR SUPPORT TRAINER USE

Forms to be completed collated and reviewed by SHDD team.