Santa Clara Family Health Plan™

**Bed Hold Authorization Request Form
Frequently Asked Questions**
Utilization Management
Phone: **1-408-874-1821**
Fax: **1-408-874-1957**
Email: UMHelpDesk@scfhp.com

Q1: When should skilled nursing facilities use the Bed Hold Authorization Request Form?
A: Skilled nursing facilities should use this form to request bed hold or leave of absence authorizations (up to seven days) from Santa Clara Family Health Plan (SCFHP). This form is only used for SCFHP members. The form can be used for SCFHP members who receive long-term care or skilled level of care. Submit the bed hold authorization request form <u>after</u> the SCFHP member returns to the facility.

Q2: What is the "start date of bed hold?"
A: The date the SCFHP member left the facility.

Q3: What date should I enter under "return date"?
A: The date the SCFHP member returned to your facility. Before submitting the authorization request form, calculate the total number of days to ensure the bed hold does not exceed seven days.

Q4: What is the maximum bed hold that SCFHP authorizes?
A: SCFHP follows Department of Health Care Services' Medi-Cal guidelines; therefore, the maximum bed hold authorization is for seven days.

Q5: What happens if the form is incomplete?
A: SCFHP requires forms to be complete upon submission. If the submission is not complete, you may experience a delay in processing your request.

Q6: Is the name of the specific hospital required?
A: Yes, we require the hospital name on each bed hold request (e.g., Stanford, Kaiser Santa Clara, O'Connor Hospital).

Q7: What form should be used to notify SCFHP of long-term care patient discharges?
A: Please use the Long-Term Care Discharge Notification Form.