
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 7 days for Santa Clara Family Health Plan (SCFHP) members only. The form can be used for both long term care and skilled level of care members. The request should only be submitted after the member returns to the facility.

Q2: What is the “Start Date of Bed Hold”?

A: “Start Date of Bed Hold” is the date that the member left the facility.

Q3: What date should I enter under “Return Date”?

A: Please provide the date the member returned to your facility. Before you submit the completed form, please calculate the total number of days to ensure the bed hold does not exceed 7 days.

Q4: What is the maximum bed hold that SCFHP authorizes?

A: SCFHP follows Medi-Cal Guidelines, therefore the maximum bed hold authorization is 7 days.

Q5: What happens if the form fields are incomplete or I don’t submit all of the required attachments?

A: SCFHP requires forms to be fully completed upon submission. If the submission is not complete, there may be a delay in reviewing and completing 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). Please attach nurses’ notes from the hospital with your submission.

Q7: What form should be used to notify SCFHP of Long Term Care member discharges?

A: Please use the [Long-Term Care Discharge Notification Form](#) for member discharges.