



Bed Hold / Therapeutic Leave Request for Level 1 - BHIF/RTC

Facility Name:

Member Name:

Date of Birth:

Dates Requested for Hold/Pass: to

Reason for Request:

Therapeutic Leave Request Yes ☐ No ☐

Therapeutic Leave Request Goal and Objective of Pass:

Please list the specific goal in the member's treatment plan related to statement above:

Bed Hold Request Yes ☐ No ☐

Date of Hospitalization (if applicable):

Statement of Bed Hold Agreement:

_____ understands that the hospitalization is an intervention intended for short-term stabilization so that that the member may return to complete treatment at our facility. By requesting a bed hold we agree to accept the member back into the facility upon discharge from the hospital.

Please note the AHCCCS Covered Behavioral Health Service Guide (CBHSG) states:

For members under 21 years of age, total therapeutic leave and/or bed hold days may not exceed 21 days per contract year (October 1 through September 30).