



Partnership HealthPlan of California  
 4665 Business Center Dr.  
 Fairfield, CA 94534  
 (707) 863-4133 / (707) 863-4118 FAX

MCUG3038 Attachment A 01/14/2026  
 MCUG3058 Attachment B 01/14/2026

# BED HOLD & CHANGE OF STATUS REPORT

FACILITY NAME: \_\_\_\_\_

NO.	MONTH -	DAY OF THE WEEK																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1	NAME:																																
	TAR NUMBER:																																

Please note, member discharge /transfer to acute requires a MD order.

Fax to 707 - 863 - 4118

**REMARKS:**

NO.	

**LEGEND:**

- |   |                               |                              |
|---|-------------------------------|------------------------------|
| A - Discharge to Acute (use after 7 day BH) | H - Discharge to Home         | P - Discharge to Private Pay |
| B - Discharge to B & C                      | I - Discharge to ICF          | R - Return to Medi-Cal Bed   |
| B/H - Bed Hold                              | M - Discharge to Medicare Bed | S - Discharge to Other SNF   |
| E - Expired                                 |                               | X - Discharge to Hospice     |
| E/A - Expired in Acute                      |                               |                              |
| TL - Therapeutic Leave                      |                               |                              |

Prepared By: \_\_\_\_\_  
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