



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: _____

Telephone #: _____

Fax #: _____