

Bed Hold Request



Child's County of Origin/Jurisdiction (Please check one):

Orange Osceola Seminole

Date Submitting Request: _____ Name of Facility/CPA: _____

Name of Child: _____ DOB: _____

Date(s) of Child absence

Date of departure: _____ Date of return: _____

Reason for absence (Please check one):

Baker Act Elopement/Runaway DJJ/Arrest Therapeutic Home Visit

Non-therapeutic Visit

Other _____

By submitting this bed hold request, I am confirming that the child will be accepted back to this placement and there are no available beds.

Name of person submitting request: _____

Contact Information: _____

To be completed by UM Staff

Embrace Families CBC UM Representative

Date

Approved for the following dates: _____

Denied for the following dates: _____

Approved Rate: _____

Funding Type: _____

Procedure:

Per Embrace Families CBC contract and rate agreements, Embrace Families CBC shall not be charged for an absent day unless the provider obtains a written bed hold approval from Embrace Families CBC within twenty-four (24) hours of the date and time of the child's absence. **The intent of payment for an absent day is that the provider shall maintain the child's placement and accept the child back upon their return.** A copy of all approved bed hold request forms must be submitted with the provider's monthly invoice and a copy maintained in the child's case file.

Embrace Families CBC Bed Hold Request form must be emailed to bedholds@embracefamilies.org prior to the child's planned absence/visit or **within 24 hrs of the incident (runaway, hospitalization, arrest etc.)**. Embrace Families CBC will respond to the provider within 24 hours of the request. **An approved bed hold is required for payment reimbursement.**