



**Utilization Management**

PO Box 3378  
Honolulu, Hawaii 96801-3378  
Phone: 453-6904, 453-6981  
Fax: 453-6995

<b>Service Authorization Request</b>	<b>Bed Hold</b>
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All fields are **mandatory**. UM may send back requests that are inaccurate or missing fields. The provider may not add additional fields, categories or otherwise amend this form in any way.

**Consumer Information**

Name of Consumer (Last Name, First Name, Middle Initial) :		
Date of Birth:	SSN :	Alias:

**Legal Encumbrance**

	CR		ROC		MHC		JD		None
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**Case Manager Information**

CBCM Agency:	Name of Case Manager:
Case Manager's Phone:	Case Manager's Fax:

**Provider Information**

Agency:	Submitted by:	
Signature of Staff:		
Phone:	Fax:	Date of Submission:

**Bed Hold Information**

Future bed hold?	Yes	No	Return to court date (if applicable):
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**Bed Hold LOC**

	SRSP		TLP		EARCH		24HR GH		8-16 GH
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**Bed Hold Site** (Note the bed hold location must correspond with the specific site that is contracted with AMHD).

Address:	City:
State:	Zip Code:

**Authorization Information**

Admission	Date	Continuation	Date	Discharge	Date
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A request for holding bed space must be submitted to UM **within twenty four (24) hours** following an elopement, or admission to a hospital or LCRS, except on weekends or holidays in which case the request must be submitted by the program on the first business day following the event.

Bed holds are authorized for an initial period of three consecutive (3) calendar days. An additional authorization of three (3) consecutive calendar days may be requested. Authorization to hold a bed beyond six (6) consecutive calendar days requires the approval of the AMHD Psychiatry Chief or designee



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**Admission Criteria:** (Must Meet one of the following)

	Consumer is being discharged from Hawaii State Hospital (HSH), Kahi Mohala or HSH replacement bed.
	Consumer is legally encumbered: Conditional Release (CR), Released on Conditions (ROC), Mental Health Court (MHC), or Jail diversion (JD) and requires placement before being released from a correctional facility.
	Resident has been transported to a hospital emergency room for acute evaluation of medical or mental health or has been admitted to the Licensed Crisis Residential Service for stabilization of a crisis episode.
	Resident released to community on CR, ROC, MHC or JD has left the program without authorization and is at risk for returning to DOH custody

**Continuation Criteria:** (Must meet one of the following)

	Consumer is being discharged from HSH, Kahi Mohala or HSH replacement bed and for unavoidable circumstances requires a continuation of the bed hold.
	Consumer is legally encumbered: CR, ROC, MHC or JD and requires placement before being released from a correctional facility and for unavoidable circumstances requires a continuation of the bed hold.
	Resident has been transported to a hospital emergency room for acute evaluation of medical or mental health or has been admitted to the Licensed Crisis Residential Service for stabilization of a crisis episode and requires additional time to gain stability.
	Resident released to community under CR, ROC, MHC or JD has left the program without authorization and is at risk for returning to DOH custody is still at large.

**Discharge Criteria:** (Select one)

	Consumer has successfully been discharged from HSH, Kahi Mohala or HSH replacement bed to program.
	Consumer is released from corrections to program.
	Consumer is stable and has returned from Hospitalization or LCRS to program
	Consumer has returned to program from elopement.
	Consumer has not been placed with program due to unavoidable court delays, decompensation or change in the level of care.
	Consumer has not returned to program and is discharged.

Name of consumer (Last Name, First Name, and Middle Initial):