San Mateo County Behavioral Health and Recovery Services Therapeutic Behavioral Services Utilization Request Form (H0046 Procedure)

SMC BHRS Staff Signature

Distribution: Original to TBS chart; Copy to QI; Copy to MIS Specialist
For billing use only: Utilization Request#:

TBS Services (to be completed by San Mateo County Approval for TBS Services (to be completed by San Mateo County TBS is approved for: up to hours per week, and up to TBS is approved, NOA required Total Hours TBS Services not approved, NOA required TBS Services request model filed.	Provider #		rovider	Ti	Date	
Start Date					ne	Client Name_
*Requests should be submitted to UR committee 7 days prior to the end date of previous utilizated request for TBS Services (to be completed by TBS Provider) Number of hours per week requested Number of days requested Period requested: Start Date End Date Note: Initial review must be accompanied by completed Assessment, Treatment Plan and Prog Subsequent requests must be accompanied by Progress Summary, revised Treatment Plan (if Progress Notes. Staff Signature Date Supervisor's Signature Approval for TBS Services (to be completed by San Mateo County hours per week, and up to Start Date End Date Total Hours Date request received Total Hours The Services request modified, NOA required TBS Services request modified, NOA required	Hours Received	Total Hours				
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Additional documentation or information requested by UR committee:			R committee:	ion requested by	cumentation or in	Additional docum

Date