

**San Mateo County  
 Behavioral Health and Recovery Services  
 Therapeutic Behavioral Services  
 Assessment Extension Request Form  
 (H0046 Procedure)**

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

**Date** \_\_\_\_\_ **TBS Provider** \_\_\_\_\_ **Provider #** \_\_\_\_\_  
**Client Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **MH#** \_\_\_\_\_

<b>TBS Start Date</b>	<b>TBS End Date</b>	<b>Hours/Week Approved</b>	<b>Total Hours Received</b>
(Assessment)			

\* Requests should be submitted to UR committee 7 days prior to the end date of previous utilization period.

**Request for Extension of TBS Assessment** (to be completed by TBS Provider)

Period requested: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

*Note: Initial review must be accompanied by completed Assessment, Treatment Plan and Progress Notes. Subsequent requests must be accompanied by Progress Summary, revised Treatment Plan (if applicable) and Progress Notes.*

\_\_\_\_\_  
 Staff Signature                                                  Date                                                  Supervisor's Signature                                                  Date

**Approval for Extension of TBS Assessment** (to be completed by San Mateo County)

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Total Hours \_\_\_\_\_

Date request received \_\_\_\_\_

- TBS Services not approved, NOA required
- TBS Services request modified, NOA required

Additional documentation or information requested by UR committee:

\_\_\_\_\_  
 SMC BHRS Staff Signature

\_\_\_\_\_  
 Date