

# TAR UPDATE TRANSMITTAL FORM 18-3

**• FROM:** County Mental Health

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**• RETURN TO:** California MMIS Fiscal Intermediary  
P.O. Box 15200  
Sacramento, CA 95851-1200

1. On this form fill in the corrected information only. DO NOT fill in items which will not change.
2. If you wish to “Cancel” the TAR: Write in blue or black ink “Cancel” (comments/explanation)
3. Fill in the original TAR Control Number, Date Change Effective, and sign at the bottom of this form.
4. ATTACH a copy of the original TAR to this form showing corrections in red and mail to the address above.

PROVIDER: YOUR REQUEST IS:

<input type="checkbox"/> APPROVED AS REQUESTED	<input type="checkbox"/> APPROVED AS MODIFIED SEE COMMENTS BELOW
<input type="checkbox"/> DENIED REASON AND ALTERNATE TREATMENT PLAN RECOMMENDED	<input type="checkbox"/> DEFERRED
<input type="checkbox"/> JACKSON VS RANK PARAGRAPH CODE	
ID NO: <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	DATE: <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>

COMMENTS/EXPLANATION

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<input style="width: 10px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: 1px solid black;" type="text"/>	RETROACTIVE AUTHORIZATION GRANTED IN ACCORDANCE WITH SECTION E1D02(H)	FROM DATE	TO DATE	AUTHORIZATION IS VALID FOR SERVICES PROVIDER
ORIGINAL/ADMIT TAR CONTROL #	BY: COUNTY MENTAL HEALTH CONSULTANT	DATE CHANGE EFFECTIVE		
OFFICE				

APPROVED CARE TYPE	<input type="checkbox"/> MENTAL HEALTH STAY
ACUTE <input type="checkbox"/>	ADMIN DAYS <input type="checkbox"/>
	ADMISSION DATE <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>
	MEDICARE <input type="checkbox"/>
	STATUS <input type="checkbox"/>
<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	DAYS OF THIS HOSPITALIZATION ARE DENIED
<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>
<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>
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<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	DATE OF DAYS DENIED