



# County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
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 PUBLIC GUARDIAN

**Fresno County Mental Health Plan  
 Intensive Home-Based Services (IHBS) Reauthorization Request Form**  
**\*IHBS reauthorization request must include an updated CANS and the  
 most recent Assessment and Treatment Plan**

Client Name:		Client ID:	
Primary Caregiver:		Primary Caregiver Address:	
Requesting Program:			
Request Date:			
Clinician/Facilitator:		Signature:	
Phone Number:		Email:	
Reauthorization Request Number:		IHBS Initial Start Date:	

Summary of implementation of IHBS (including frequency of services), functional impairment, and mental health symptoms addressed:

Description of any barriers to the client receiving IHBS as authorized:

Plan for titration of IHBS:

Service completion timeline, treatment objectives, and interventions: