



## INSTRUCTIONS TO COMPLETE MENTAL HEALTH COMPONENT PROGRAM WORKSHEET (SR 2C)

**PROVIDER NAME:** Enter the provider/licensee name shown on the Group Home Program Rate Application (SR 1).

**PROGRAM NUMBER:** For an Annual or Program Change, enter the number previously assigned by DSS. For an Initial, leave blank.

**MONTH/YEAR:** Month and year for hours worked.

**MENTAL HEALTH PROFESSIONAL:** List names of all mental health professionals (payroll or contract) who are providing treatment services for the month. Professional staff providing treatment services may be one of the following: psychiatrist, psychologist, LCSW, MFT, or other level.

### COLUMN A - DIRECT MENTAL HEALTH HOURS WORKED QUALIFYING/REPORTED

Enter the number of hours of mental health services provided, either individually to a child or to a group of children.

### COLUMN B - VERIFIED HOURS

Providers do not complete. For FCARB use only.

### COLUMN C - REPORTED PROFESSIONAL WEIGHTINGS

Enter the reported professional weighting for each staff.

### COLUMN D - MENTAL HEALTH PROFESSIONAL LEVEL

Enter the weighting for each staff member according to his/her respective professional level.

Example: If the service is provided by a psychiatrist, enter 5.0 points under Column (B) - Psychiatrist.

### COLUMN E - TOTAL MENTAL HEALTH WEIGHTED HOURS

Multiply Column A times Column C, enter the total.

### COLUMN A - TOTAL

Enter the total Direct Mental Health Hours worked; transfer to SR 2, Column (8).

### COLUMN E - TOTAL

Enter the Total Weighted Hours; transfer to SR 2, Column (9).