

SOCIAL WORK COMPONENT PROGRAM WORKSHEET (SR 2B)

| | | |
|---------------|----------------|------------|
| PROVIDER NAME | PROGRAM NUMBER | MONTH/YEAR |
|---------------|----------------|------------|

| Employee/Contractor Name | COLUMN A Payroll / Contract Hours Worked / Reported | COLUMN B Verified Hours (FCARB Use Only) | COLUMN C "Direct Contact Hours Only" Social Work Contract | | | COLUMN D Social Work Professional Level | | | | | | COLUMN E Total Social Work Weighted Hours Column A or C(3) x D | |
|--------------------------|--|---|--|--|--|--|--------------|-------------------------------|--------------------------|--|---|--|--|
| | | | (1) Direct Contact Hours Reported | (2) Verified Direct Contact Hours | (3) Weighted Direct Contract Hours 2 x Col. C(1) | LCSW (2.5) | MFT (2.5) | MSW/ACSW 60 units (2.0) | MSC 60 units (2.0) | Master's 30 units - with elig. to sit (1.75) | Pre-1990 or BSW +2 yrs. exp. (1.5) | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| TOTAL: | | | | TOTAL: | | | | | | | | TOTAL: | |

| | | |
|--------|-----------|------|
| GH REP | FCARB REP | DATE |
|--------|-----------|------|

INSTRUCTIONS TO COMPLETE SOCIAL WORK COMPONENT PROGRAM WORKSHEET (SR 2B)

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.

EMPLOYEE/CONTRACTOR NAME: List names of each qualified staff member or contractor performing social work activities.

COLUMN A - PAYROLL/CONTRACT HOURS WORKED/REPORTED

Enter the total number of paid-awake hours worked, including paid vacation and/or sick leave. Most contracts will be reported in this space.

COLUMN B - VERIFIED HOURS

Providers do not complete. For FCARB use only.

COLUMN C - SOCIAL WORK CONTRACT, DIRECT HOURS ONLY

Subcolumn (1) - Enter only the number of direct (face-to-face) services as specified by a written contract. Contracts listed in this column must be limited to direct services only. These contracts do not include any other responsibilities or duties (e.g., preparation or completion of paperwork, consultation, program design, etc.) – only DIRECT SERVICE HOURS!

Subcolumn (2) - Providers do not complete. For FCARB use only.

Subcolumn (3) - The hours of social work activities provided on a contractual basis will be weighted an additional 2.0 only if certain qualifications are met. For example: (1) the person providing social work activities is not on payroll (i.e., not an employee of the group home); and (2) the contracted hours are limited to only direct (face-to-face) contact with the children. See regulation Section 11-402.222(d) for details.

COLUMN D - SOCIAL WORK PROFESSIONAL LEVEL

Enter 2.5, if a Licensed Clinical Social Worker; OR

Enter 2.5, if a Licensed Marriage and Family Therapist; OR

Enter 2.0, if a Master's of Social Work/ACSW (60 units); OR

Enter 2.0, If a Master's of Science in Counseling (60 units); OR

Enter 1.75, if a Master's (30 units) in a discipline which would enable the person to sit for the LCSW/MFT exam; OR

Enter 1.5, if pre-1990 or Bachelor of Social Work with at least two years of experience.

COLUMN E - TOTAL SOCIAL WORKER WEIGHTED HOURS

Enter the total of COLUMN A OR C(3) multiplied by Column D.

COLUMN A/C(3) - TOTAL

Enter the total of Column A and Column C(3); transfer to SR 2, Column (5).

COLUMN E - TOTAL

Enter the total weighted hours; transfer to SR 2, Column (6).