

MENTAL HEALTH COMPONENT PROGRAM AUDIT WORKING PAPER (SR 2C-WP)

	Initials	Date
Prepared By		
Approved By		

PROVIDER NAME:	PROGRAM NAME:	PROGRAM NUMBER:	PROGRAM AUDIT DATE:
EMPLOYEE/CONTRACTOR:			AUDIT PERIOD:

A. DOCUMENTATION REVIEWED:

- Cancelled Checks
 Client Files
 Contracts
 Itemized Billing
 Medi-Cal
 MH Verif Form
 Payment by County Mental Health
 Payroll Records
 Timesheets
 Other - Specify: _____

Comments:

B. PROFESSIONAL LEVEL VERIFICATION (SR 2C - Column B) (Refer to MPP Section 11-402.223)

- Reported:
- Psychiatrist (5.0)
 Psychologist (5.0)
 LCSW (2.5)
 MFT (2.5)
 Interns/Other MH Prof. (1.0)
- Verified:
- Psychiatrist (5.0)
 Psychologist (5.0)
 LCSW (2.5)
 MFT (2.5)
 Interns/Other MH Prof. (1.0)
- Documentation Reviewed:
- Dept. of Consumer Affairs License
 American Board of Psychiatry & Neurology
 Certification by Hospital
 MH Verif. Forms
 Internet
 Other

Comments:

- If the audited weighting is different from provider's weighting:
- No current license on file
- Employee does not qualify under regulations as a mental health provider