



Monterey County Behavioral Health Quality Improvement Memo

DATE: March 2, 2020, 2019

Memo No: 20-02

SUBJECT: Expenditure Form

Topic

This form is used to track expenditures for specific items noted in the form. It may be completed by any staff member, at the direction of the County Case Coordinator/Manager.

Steps for staff requesting

This form may be completed by any staff member, at the direction of the County Case Coordinator/Manager

- Select the client
- Search “Expenditure” form
- Select the Episode
 - If a previous request exists, click on “add” at bottom of the form to add a new request
 - If a previous request exists and would like to edit, select the row, click on “edit” at the bottom of the form
- Complete elements (anything noted in **red** must be completed or the form will not save)
- Click on Submit

Steps for Approver

This section shall be completed by the finance team

- Select the client
- Search “Expenditure” form
- Select the Episode
 - Select the row, click on “edit” at the bottom of the form
- Approve or Deny
 - If Approve is selected
 - Enter Start and End date of the authorization period (each should be individualized, based on need, with a maximum of 1-year)
 - If Deny is selected
 - Enter reason for denial
- Enter name of staff Approving/Denying the request



Data Elements on Form

Date of Request: Date request is being submitted

Case Coordinator (CC): Name of PSW coordinating care

Items:

- Bus pass
 - This may be short or long term
- Crisis Residential care
 - Individuals not covered by MediCal
 - Service not covered by MediCal
- Family Care Fund
 - Awaiting SSI;
 - Client will be issued
 - Medi-Cal, but not yet assigned; payee or public guardian
- FSP Misc.
 - Items purchased for incentives
- Medication
 - Not covered by MediCal
 - Individual not covered by MediCal
 - Individual may have lost their medication; need \$ for refill
- Other Board & Care
 - Not covered by MediCal
 - Individual not covered by MediCal
- Pre-TAR
 - Individual not covered by MediCal

Cost: dollar amount to be entered by finance

Justification of Need: Select appropriate option

Staff Requesting: this will automatically enter the name of the person who is submitting the form



Avatar Form

Chart Expenditure

Expenditure

Submit

Date of Request

Case Coordinator

Items

- Bus Pass
- Crisis Residential Board and Care
- Family Care Fund
- FSP Misc (items purchased as incentives)
- Medication (Short-Doyle)
- Other Board and Care
- Pre-TAR

Cost

Justification of Need

Not eligible for benefits Benefits Pending

Staff Requesting

SANCHEZ, JESSICA-MTY CO (002355)

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**ONE YEAR MAX AUTHORIZATION

Approve/Deny

Approve Deny

Start date of authorization **End date of authorization**

Rational for Denial

Staff Approving/Denying