

GROUP HOME PROGRAM AUDIT REPORT (SR 2G)

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|----------------|---------------|----------------|--------------------------|---------------------------------------|
| PROVIDER NAME: | PROGRAM NAME: | PROGRAM NUMBER | DATE(S) OF PROGRAM AUDIT | AUDITED PERIOD |
| | | _ _ _ _ • | | _ _ _ _ — _ _ _ _ MO YR — MO YR |

| AUDITED MONTH/ YEAR | (1) 90% OF LICENSED CAPACITY (Minimum is 5.4) | CHILD CARE & SUPERVISION | | | SOCIAL WORK ACTIVITIES | | | MENTAL HEALTH ACTIVITIES | | | (11) AUDITED POINTS PER PROGRAM PER MONTH (COL. 4) + (COL. 7) + (COL. 10) | (12) AUDITED RCL |
|------------------------|---|--------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|---|---|------------------------|
| | | (2) VERIFIED HOURS | (3) WEIGHTED HOURS | (4) POINTS (COL. 3) ÷ (COL. 1) | (5) VERIFIED HOURS | (6) WEIGHTED HOURS | (7) POINTS (COL. 6) ÷ (COL. 1) | (8) VERIFIED HOURS | (9) WEIGHTED HOURS | (10) POINTS (COL. 9) ÷ (COL. 1) MAXIMUM = 30 | | |
| 1. JAN _____ | | | | | | | | | | | | |
| 2. FEB _____ | | | | | | | | | | | | |
| 3. MAR _____ | | | | | | | | | | | | |
| 4. APR _____ | | | | | | | | | | | | |
| 5. MAY _____ | | | | | | | | | | | | |
| 6. JUN _____ | | | | | | | | | | | | |
| 7. JUL _____ | | | | | | | | | | | | |
| 8. AUG _____ | | | | | | | | | | | | |
| 9. SEPT _____ | | | | | | | | | | | | |
| 10. OCT _____ | | | | | | | | | | | | |
| 11. NOV _____ | | | | | | | | | | | | |
| 12. DEC _____ | | | | | | | | | | | | |
| 13. TOTALS | | | | | | | | | | | | |
| 14. AVERAGE | | | | | | | | | | | | |

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|---|--|--|
| Overpayment <input type="checkbox"/> Yes <input type="checkbox"/> No * Amount Due \$ _____ | Auditor: _____ Date: _____ Auditor: _____ Revision Date: _____ Audited RCL: _____ Audited Rate: _____ | If you disagree with the RCL/rate set by the Department, an appeal may be filed within 60 days of the receipt of the "FINAL" program audit report. |
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Group Home Program Audit Report (SR 2G) Instructions

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

PROGRAM NAME: Enter the program name, if any, shown on the SR1.

PROGRAM NUMBER: Enter number assigned by FCRB.

DATE(S) OF PROGRAM AUDIT: Enter date(s) program audit was conducted.

AUDIT PERIOD: Enter period that was audited.

AUDITED MONTH/YEAR: Enter appropriate year being audited with corresponding month.

COLUMN (1) - 90% OF LICENSED CAPACITY, Minimum is 5.4:
Calculate 90 percent of licensed capacity for the program.
Enter result of calculation on month-by-month lines for reporting period.

CHILD CARE & SUPERVISION

COLUMN (2) - VERIFIED HOURS:
Enter the verified number of paid awake hours for all staff providing child care and supervision as calculated on the Child Care And Supervision Component Program Worksheet (SR 2A), Col. A, TOTAL.

COLUMN (3) - WEIGHTED HOURS:
Enter the weighted hours for all staff providing child care and supervision as calculated on SR 2A Child Care And Supervision Component Program Worksheet, Col. F, GRAND TOTAL.

COLUMN (4) -
Divide Column 3 by Column 1, enter points

SOCIAL WORK ACTIVITIES

COLUMN (5) - VERIFIED HOURS:
Enter the verified number of paid awake hours for all social work professionals providing social work activities as calculated on the Social Work Component Worksheet (SR 2B), Col. A, or Col. B(2), GRAND TOTAL.

COLUMN (6) - WEIGHTED HOURS:
Enter the weighted hours for professional level as calculated on the SR 2B, Col. D, GRAND TOTAL.

COLUMN (7) -
Divide Column 6 by Column 1, enter points.

MENTAL HEALTH ACTIVITIES

COLUMN (8) - VERIFIED HOURS:
Enter the verified number of paid awake hours for all mental health professionals as calculated on the Mental Health Component Program Worksheet (SR 2C), Col. A, GRAND TOTAL.

COLUMN (9) - WEIGHTED HOURS:
Enter the weighted hours for MH professional level as calculated on the SR 2C, Col. C, GRAND TOTAL.

COLUMN (10) -
Divide Column 9 by Column 1, enter points

COLUMN (11) - AUDITED POINTS PER PROGRAM PER MONTH:
Enter the results of adding Columns 4,7, and 10.

COLUMN (12) - AUDITED RCL:
Enter RCL related to the points in Col. 11.

LINE 13 - TOTALS:
Enter the totals for each column.

LINE 14 - AVERAGE:
Enter the result of dividing each column total by the number of months audited during the reporting period. Decimals should be entered using two decimal places (hundredths). (Example: Calculation results in 220.32445. Enter 220.32).

Overpayment: If Yes - Calculate overpayment. Refer to Regulations Section 11-402.6

Amount Due \$: Enter amount of overpayment if applicable.

AUDITOR: FCARB auditor(s) conducting audit signs & dates.

Date: Enter date of completion.

RCL: Enter audited RCL determination for program audited.

Rate: Enter rate related to RCL determination.