NOTICE OF FORM CHANGE NO.

DATE

TO:	FROM:
County Welfare Director Supply Clerk / Forms Coordinator	Forms Management Unit (916) 657-1907

☐ Community Care Licensing District Offices   ☐ District Attorney

☐ Private and Public Adoption Agencies   ☐ Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE

ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
	☐ Free ☐ Sold		☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM	REPLACES	☐ Obsolete

REQUIRED FORM-

☐ No Change Permitted   REQUIRED FORM- ☐ Substitute Permitted With Prior DSS Approval   ☐ Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

☐ OTHER:

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

☐ Use until exhausted   ☐ Destroy

USE NEW FORM

☐ When supply available in DSS Warehouse   ☐ Use new form effective_____

USE FORM IN ACCORDANCE WITH

☐ All County Letter No.

☐ Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

FOSTER CARE AUDITS AND RATES BRANCH
AUDIT CHECK LIST

AUDIT PROGRAM	DATE	INITIALS
A. PRELIMINARY		
1. Assignments		
1.1 Assignment date		
1.2 Assignment to Auditor-in-Charge		
1.3 Determine Audit Period		
2. Planning		
2.1 Call provider to schedule audit and request documentation		
2.2 Send engagement letter with blank SR 2As, SR 2Bs, SR 2Cs, and appropriate client lists		
2.3 Make travel & lodging arrangements		
2.4 Prepare travel itinerary		
2.5 Obtain completed SR 2As, SR 2Bs, SR2Cs, and client lists from provider/input into automated audit program		
B. CASE REVIEW		
1. Contact Community Care Licensing (CCL)		
1.1 Obtain Personnel Summary (LIC 500)		
1.2 Obtain Department of Justice clearance (LIC 536)		
1.3 Obtain Designation of Administrative Responsibilities (LIC 308) . . .		
1.4 Prepare questions for CCL		
2. Foster Care Rate Bureau's File		
2.1 Obtain copy of program statement		
2.2 Obtain copy of duty statements, organizational chart, and listing of board members		
2.3 Obtain copy of rate application for audited period		
2.4 Obtain copy of training plan (program audit)		
2.5 Obtain copy of Program Classification Report (SR 2)		
2.6 Obtain copy of Group Home Program Cost Report (SR 3)		
2.7 Obtain copy of Group Home Program Payroll & Fringe Benefit Report (SR 4)		
2.8 Obtain copy of Days of Care Schedule (SR 5)		
2.9 Obtain copies of SR 2As, SR 2Bs, and SR 2Cs		
2.10 Identify a list of potential problem areas		
3. Meet with Rates Consultant		
3.1 Discuss file with Rates Consultant		
4. Brief Audit Team		
4.1 Schedule meeting with audit team		
C. FIELD WORK		
1. Entrance Conference		
1.1 Attend Entrance Conference		
1.2 Advise provider of objective, goals, scope, and time frames		
1.3 Prepare Summary Of Entrance Conference		
1.4 Complete Administrator Questionnaire (SR 2 - WP)		
1.5 Obtain copy of the current organizational chart		

FOSTER CARE AUDITS AND RATES BRANCH
AUDIT CHECK LIST - CONTINUED

AUDIT PROGRAM	DATE	INITIALS
D. FIELD AUDIT		
1. Child Care & Supervision		
1.1 Review Records		
1.1.1 Employee personnel files (experience, education, and fingerprints		
1.1.2 Time sheets		
1.1.3 Schedules		
1.1.4 Payroll		
1.1.5 Contracts		
1.1.6 Copies of supporting documentation		
1.2 Conduct interviews		
1.3 Complete SR 2A - WPs		
2. Social work		
2.1 Review Records		
2.1.1 Personnel files (FPs, Exp., Ed.)		
2.1.2 Time sheets		
2.1.3 Schedules		
2.1.4 Contracts		
2.1.5 Billings/invoices/payroll		
2.1.6 Accounts payable		
2.1.7 Daily logs		
2.1.8 Copies of supporting documentation		
2.2 Conduct interviews		
2.3 Complete SR 2B - WPs		
3. Mental Health Treatment Services		
3.1 Review Records		
3.1.1 Personnel Files (License)		
3.1.2 Time sheets		
3.1.3 Schedules		
3.1.4 Contracts		
3.1.5 Billings/invoices/payroll		
3.1.6 Accounts payable/letter		
3.1.7 Mental Health Verification Form		
3.1.8 Review child case files, as needed		
3.1.9 Daily Log		
3.1.10 Copies of supporting documentation		
3.2 Conduct interviews		
3.3 Complete SR 2C - WPs		
4. Training		
4.1 Obtain and review training documentation (program audit)		
5. Audit Determination		
5.1 Three months audits - determine whether operated at paid RCL or complete full fiscal year audit		

AUDIT PROGRAM	DATE	INITIALS
D. FIELD AUDIT - Continued		
6. Summarize Spreadsheets		
6.1 Complete SR 2As, SR 2Bs, and SR 2Cs		
6.2 Complete SR 2G/2H or 2P		
6.3 Complete proportionality worksheet (for program audit overpayment only)		
E. GROUP HOME PROGRAM COSTS REPORT (SR 2)		
1. Review and verify the group home shelter cost declaration, accounts payable records, and board minutes to ensure provider is in compliance with regulations concerning self-dealing transactions including affiliated leases		
F. DOCUMENT AUDIT ISSUES		
1. Point Sheets		
1.1 Prepare point sheet for each finding		
G. CLOSING		
1. Exit Conference		
1.1 Attend Exit Conference		
1.2 Discuss findings		
1.3 Discuss grace period and additional documentation requirements (if any), and final audit report		
1.4 Address appeal rights		
2. Copies to Provider		
2.1 Provide copies of SR 2As, SR 2Bs, SR2Cs, SR 2H (current month program audit), SR 2G (program audit), or SR 2P (provisional rate audit)		
2.2 Prepare and provide proportionality worksheet (program audit if overpayment)		
2.3 Obtain a signed Record of Exit Conference worksheet		
H. FINAL AUDIT REPORT		
1. Additional Data Submitted		
2. Final Audit Report		
2.1 Draft audit report		
2.2 Complete a supervisory review		
2.3 Obtain a Quality Control review		
2.4 Complete and bind workpapers		
2.5 Distribute report		
2.6 Refer for corrective action as needed		
3. Organize workpapers and label and index audit files in box		
4. Copy Final Audit Report and spreadsheets to computer system		