

**NOTICE OF FORM CHANGE NO.**

DATE

**TO:**County Welfare Director  
Supply Clerk / Forms Coordinator**FROM:**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	<input type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> 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

## WORKPAPER NUMBERING/INDEXING SYSTEM

### PROVISIONAL RATE AUDITS

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**A. Preliminary Audit Planning**

- 1.1 Planning Memo/Audit Checklist
- 2.1 Correspondence/Audit Contact Log
- 3.1 Scheduling Letter
- 4.1 Provider's SR 2P, SR 2As, Bs, Cs/Client List

**B. Preliminary Audit/CCL Review**

- 1.1 CCL Requirements/Fingerprints

**C. Preliminary (FCRB)**

- 1.1 Program Statement
- 2.1 Rate Application
- 3.1 Correspondence/Rate Letters

**D. Entrance Conference**

- 1.1 Summary Entrance Conf./Questionnaire
- 2.1 Org. Chart/Bd. Members

**E. (CCS)**

- 1.1 SR 2A - WPs
- 2.1 Paid Hours Verif./Worksheets
- 3.1 T.S./Payroll/Checks
- 4.1 Interviews/Other Docs

**F. Training**

- 1.1 Training Analysis/Logs/Docs

**G. (SW) Activities**

- 1.1 SR 2B-WPs/Contracts
- 2.1 Paid hours Verif./Worksheets
- 3.1 T.S./Billings, Payroll Checks
- 4.1 Interviews/Other Docs

**H. (MH) Treatment Services**

- 1.1 SR 2C-WPs
- 2.1 Paid Hours Verif./Worksheets
- 3.1 Timesheets, Billings, Payroll, Logs or MH Verification
- 4.1 Interviews/Other Docs

**I. Preliminary Audit Results**

- 1.1 Completed Spreadsheets
- 2.1 Point Sheets

**J. Exit Conference**

- 1.1 Summary of Exit Conference

**K. Final Audit Draft/Spreadsheets (QCR)**

- 1.1 FAR/Spreadsheets-QC

**L. Final Audit Reports**

- 1.1 Signed FAR and Spreadsheets

**M. Post Audit Results**

- 1.1 Formal Hearing