

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

NON-PROVISIONAL RATE AUDITS

- 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 2G, 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. Fiscal Review Information**
 - 1.1 Salaries, Facility Leases, & Other Docs
- J. Current Month**
 - 1.1 Current Month Info.
- K. Actual Occupancy Confirmation**
 - 1.1 Actual Occupancy Worksheets
- L. Preliminary Audit Results**
 - 1.1 Completed Spreadsheets
 - 2.1 Point Sheets
- M. Exit Conference**
 - 1.1 Summary of Exit Conference
- N. Final Audit Draft/Spreadsheets (QCR)**
 - 1.1 FAR/Spreadsheets-QC
- O. Final Audit Reports**
 - 1.1 Signed FAR and Spreadsheets
- P. Post Audit Results**
 - 1.1 Informal Hearing
 - 2.1 Formal Hearing
 - 3.1 Corrective Action