

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 24, 2000

FOSTER CARE AUDITS LETTER NO. 2000-03

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CHIEF PROBATION OFFICERS
ALL GROUP HOME PROVIDERS
ALL MENTAL HEALTH DIRECTORS

SUBJECT: DOCUMENTATION OF MENTAL HEALTH TREATMENT SERVICES

The California Department of Social Services (CDSS) recognizes that with the advent of managed care, it has become increasingly difficult for group home providers to verify paid-awake hours for mental health treatment services. In order to alleviate this problem, the CDSS in conjunction with the group home provider associations has developed the attached form. It is our intent that providers complete as much as possible on the form. The bottom of the form should be completed and signed by the mental health professional. Foster Care auditors will accept this form as proof of paid-awake mental health treatment hours, **provided that the completed and signed form is in the group home files.**

We have enclosed both a completed sample form and a blank copy. You may wish to copy this form onto your group home letterhead for official use.

If you have any questions concerning the use of this form, you may contact Ms. Judi Queirolo, Manager, Audits Policy and Support Unit, at (916) 274-0445.

Sincerely,

(Original signed by JC)

JUDY COLBERT, Chief
Foster Care Audits Branch

Enclosures

c: County Welfare Directors' Association
Foster Care Alliance
African American Foster Parent and Group Home Association
Community Residential Care Association of California
Residential Care Providers Association of Los Angeles County
Association of Minority Adolescents in Residential Care Homes of Los Angeles County
California Alliance of Child & Family Services
Association of Minority Adolescents in Residential Care Homes (AMARCH)