

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814



February 18, 1986

ALL-COUNTY INFORMATION NOTICE NO. 1-15-86

TO: All County Welfare Directors

SUBJECT: Fiscal Year 1985/86 Child Welfare Services (CWS) and County Services  
Block Grant (CSBG) Funds Transfers

The Budget Act of 1985 provides for funds transfers between the CWS and CSBG allocations if acceptable documentation is provided and approval is granted by the Department.

The Department will require that counties be in compliance with CWS regulations in order to transfer funds to CSBG and in compliance with In-Home Supportive Services (IHSS) regulations in order to transfer funds to CWS. Compliance will be measured by case reviews to be conducted by county welfare departments in accordance with the instructions included in Attachment 1. The case review elements are included in Attachment 2. The Department will validate the case review findings at a later date. The attached review elements and standards which were developed for the transfer case reviews may differ from those used in the Child Welfare Services reviews later this year.

For Fiscal Year 1985/86 the following procedures must be followed and all requests for transfers and the following supporting documentation must be received by the Department no later than March 7, 1986.

The Director of the Department must be notified in writing of the county welfare department's intent to transfer funds. The notification shall include:

- a. The amount of the proposed transfer from CWS to CSBG or from CSBG to CWS;
- b. Documentation of the specific purposes for which the transferred funds will be used; and
- c. Documentation of the specific impact of the funds transfer on the level of services in both CWS and CSBG.

Acceptable documentation for items b and c above must be quantitative to the maximum extent possible (e.g., number of additional staff, number of additional persons to be served, etc.).

In addition, by April 7, 1986 counties must certify in writing to the Adult and Family Services Operations Bureau (744 P Street, M.S. 9-532, Sacramento, CA 95814) that the county welfare department has completed and passed the required county conducted case review. This written certification must be accompanied by copies of the case review worksheets.

Questions concerning allocations should be directed to the County Administrative Expense Control Bureau at (916) 322-5802. Questions concerning funds transfer procedures should be directed to your Adult and Family Services Operations Consultant at (916) 445-0623.



*FOR*  
LOREN D. SUTER  
Deputy Director  
Adult and Family Services

COUNTY CONDUCTED CASE REVIEW ELEMENTS

CHILD WELFARE SERVICES

Critical Elements

1. Is there a written assessment? (30-142, 30-198.13, 30-232, 30-276.13, 30-332, 30-376.13, 30-432, 30-476.12)
2. Is there a current written service plan? (30-144, 30-198.14, 30-234, 30-276.14, 30-334, 30-376.14, 30-434, 30-476.13)
3. Was the latest court/administrative review completed within the required time frame? (WIC 366(a), 30-390, 30-491.12)
4. Was a Permanency Planning Hearing held within 18 months of placement? (WIC 366.25(a))
5. After the Permanency Planning Hearing, were the subsequent hearings completed within the required time frames? (WIC 366(a))

Essential Elements

1. Does the case record include current identifying information pertaining to the child, parent, and foster parents? (30-198.11, 30-276.11, 30-376.11, 30-476.11)
2. For the detention or dispositional hearing, does the court order for removal state that reasonable efforts were made to prevent placement or in an emergency situation that the lack of preplacement preventive efforts was reasonable? (WIC 319, 361)
3. Does the written assessment and reassessment include a description/evaluation of the family's current problems related to abuse, neglect, and/or exploitation? (30-198.131, 30-276.131, 30-276.15, 30-376.131, 30-376.15, 30-476.122)
4. Was the initial written service plan developed and implemented within the required time frame? (30-144.1, 30-234.1, 30-334.1, 30-434.1)
5. Does the written service plan include a description of the type of home/facility in which the child is currently placed? (30-376.141(d)(1)(A), (30-476.131(c))
6. Does the written service plan include a discussion of the appropriateness of the current placement? (30-376.141(d)(1)(A), 30-476.131(c))
7. Does the current written service plan include a description of the service objectives based on the assessment? (30-144.1, 30-198.141, 30-234.1, 30-276.141(a), (b), and (c), 30-334.1, 30-376.141, 30-434.1, 30-476.131)

8. Does the current written service plan include a description of the actions planned by the parent, child, agency, and foster parents to achieve the service objectives? (30-198.141(a), 30-276.141(c), 30-376.141(b), 30-476.131(b) and (c))
9. Does the initial written service plan include written approval by the social worker supervisor? (30-144.4, 30-234.5, 30-334.4, 30-434.3)
10. Was the latest reassessment completed within the required time frame? (30-254.1, 30-344.1, 30-441.1)
11. If the service plan was modified, was modification based on the reassessment? (30-256.1, 30-346.1, 30-446.1)
12. Did the social worker have 80 percent of the required face-to-face visits (including documented attempted visits) with the child within the required time frames within the most recent assessment or the reassessment period? (30-162.11, 30-252.11, 30-342.31, 30-442.31)
13. Did the social worker have 80 percent of the required face-to-face visits (including documented attempted visits) with the parent(s)/guardian(s) within the required time frames within the most recent assessment or reassessment period? (30-252.2, 30-342.51)
14. Did the social worker contact the foster parent(s) within required time frames within the most recent assessment or reassessment period? (30-342.61, 30-442.6)
15. Did the social worker respond to the abuse, neglect, or exploitation referral within the required time frames? (30-132)
16. Did the latest court/administrative review identify the continued necessity for and appropriateness of court intervention and/or services? (WIC 366(a), 30-492.1)
17. Did the latest court/administrative review identify the continued necessity for and appropriateness of the placement? (WIC 366(a), 30-492.1)
18. Did the latest court/administrative review identify the extent of compliance within the service plan? (WIC 366(a), 30-492.1)
19. Did the latest court/administrative review identify the service plan adequacy and continued appropriateness? (WIC 366(a), 30-492.1)
20. Did the latest court/administrative review identify the projected termination of services, reunification or permanent placement date? (WIC 366(a), 30-492.1)
21. Was the latest administrative review open to the parent's and child's participation? (30-494.1)
22. Was the latest administrative review conducted by a panel of appropriate persons? (30-493.2)
23. Did the social worker and adoption worker jointly review the case to determine the potential for adoption within the required time frame? (30-354.31)

3. Is the application dated? (30-009.223) (applicable January 1, 1974 on)
4. For status eligible cases, is there verification in the case record to substantiate current eligibility? (30-755.2)
5. For income eligible cases, is there a statement of facts for the latest eligibility determination? (30-755.262)
6. For income eligible cases, was the statement of facts for the latest eligibility determination signed and dated by the applicant or person acting for the applicant? (30-755.262)
7. For income eligible cases, does the statement of facts for the latest eligibility determination contain verification of income reported on the statement of facts? (30-755.262)
8. For income eligible cases, is there an IHSS Income Eligibility Share of Cost form for the latest eligibility determination? (30-755.264)
9. For income eligible cases, was a share of cost correctly computed for the latest eligibility determination? (30-755.264)
10. For applications taken within this fiscal year, was a face-to-face contact made within 30 days following the date of application? (30-759.2, 30-761.1 and .13)
11. Does the current Needs Assessment contain recipient information (name, address, city, state, age, sex)? (30-761.271)
12. Does the current Needs Assessment contain total weekly hours? (30-761.272)
13. Does the current Needs Assessment contain service delivery methods (county, individual or contract)? (30-761.271)
14. Does the current Needs Assessment contain the authorization period? (30-761.275)
15. Does the current Needs Assessment contain social service staff signature and date? (30-761.27)
16. For severely impaired cases, does the total need for IHSS hours for non-medical personal services, paramedical services, meal preparation, and meal clean-up equal 20 or more hours? (30-753(ff))
17. Are monthly hours computed correctly? (30-763.33)
18. If the recipient is in a shared living arrangement, are the service hours prorated? (30-753(gg), 30-763.23)
19. If paramedical services were allowed, were they allowed in accordance with 30-757.19? (30-757.19)

24. Was the parent(s)/guardian(s) notified of the initial court hearing? (WIC 311(a),(b); 321, 352(a), 361(b),(c), and (d), 362(d), 727(c))
25. Was the parent(s)/guardian(s) notified of the latest hearing? (WIC 311(a),(b); 321, 352(a), 361(b),(c), and (d), 362(d), 727(c))
26. If the child was removed, does the case contain documentation of court ordered removal or a voluntary agreement between the parent and the county? (WIC 311(a),(b); 321, 352(a), 361(b),(c), and (d), 362(d), 727(c))
27. Is any change in foster care placement reflected in a modified service plan within the last reassessment period? (WIC 311(a),(b); 321, 352(a), 361(b),(c), and (d), 362(d), 727(c))
28. Did the parents sign the modified service plan or does the record contain documentation as to why parents did not sign? (WIC 311(a),(b); 321, 352(a), 361(b),(c), and (d), 362(d), 727(c))
29. Does the current service plan contain a visitation plan between parent(s) and child or does the case record contain documentation justifying less frequent contacts? (WIC 311(a),(b); 321, 352(a), 361(b),(c), and (d), 362(d), 727(c), 30-342.32)

#### IN-HOME SUPPORT SERVICES

##### Critical Elements

1. For applications taken after January 1, 1974, was the initial determination of eligibility completed within 30 days from the date of application or was there a valid reason for an exception? (30-759.2)
2. Does the current Needs Assessment contain an indication of physical functioning? (30-761.271)
3. Does the current Needs Assessment contain an indication of mental/emotional functioning? (30-761.271)
4. Does the current Needs Assessment contain recipient's living arrangement? (30-761.271)
5. Does the current Needs Assessment contain level of services (severely impaired or nonseverely impaired)? (30-761.271)
6. Was the latest reassessment and redetermination of eligibility completed within 12 calendar months of the previous (re)assessment? (30-755.21, 30-761.212)

##### Essential Elements

1. Is there an application on file? (30-009.223) (applicable January 1, 1974 on)
2. Is the application signed? (30-009.223) (applicable January 1, 1974 on)

20. If paramedical services were allowed, is there a SOC 321 containing documentation and verification of the need for paramedical services by a licensed health care professional? (30-757.196)
21. If the assessment is for a new application, was a Notice of Action (NOA) sent and was it timely? (30-759.2)
22. If the latest reassessment resulted in an increase in hours, was an NOA sent? (30-763.5)
23. If the latest reassessment resulted in an adverse action (decrease in hours or discontinuance), was: (a) an NOA sent; (b) was it timely; and (c) does it contain a reason for the change in hours and a regulation citation for the change? (10-116.1, 10-116.3, 10-116.4)

COUNTY CONDUCTED CASE REVIEW INSTRUCTIONS

1. General

- a. If you are requesting to transfer funds from CWS to CSBG, you must review a sample of cases from the CWS Programs.
- b. If you are requesting to transfer funds from CSBG to CWS, you must review a sample of cases from the IHSS Program.

2. Sample Period/Universe

- a. The sample universe for the review is total current active cases.

3. Sample Size

- a. If you must review cases from the CWS Programs, then your sample size is based on the total number of active cases in the Emergency Response (ER), Family Maintenance (FM), Family Reunification (FR), and Permanent Placement (PP) Programs.
- b. If you must review cases from the IHSS Program, then your sample size is based on the total number of active IHSS cases.
- c. If the total number of active cases from the program(s) you must review is 1,000 or more, then the sample size is 150 cases.
- d. If the total number of active cases from the program(s) you must review is between 101 and 999 cases, then the sample size is 80 cases.
- e. If the total number of active cases from the program(s) you must review is 100 cases or less, then the sample size is 20 percent of the total number of active cases.

4. Sample Selection

- a. For the CWS Programs, the ER, FM, FR, and PP Programs must be represented in the same proportion in the sample as in the total caseload.

Example: If the total number of current active cases is 1000 (sample size of 150 cases) and there are 400 ER cases, 300 FM cases, 200 FR cases, and 100 PP cases, then the number of cases selected is as follows:

ER -  $150 \times 40\% = 60$  cases  
FM -  $150 \times 30\% = 45$  cases  
FR -  $150 \times 20\% = 30$  cases  
PP -  $150 \times 10\% = 15$  cases

Total = 150 cases

- b. For the CWS Programs, a random sample of the required number of cases for each CWS Program must be drawn.
- c. Emergency Response cases which were closed at initial evaluation must not be selected for review. Continue drawing ER cases which have gone beyond the initial evaluation until you have reached the required sample size for the ER Program.
- d. If you must review cases from the IHSS Program, then all cases reviewed will be IHSS cases and only one sample is drawn.

#### 5. Case Reading

- a. All required information to verify compliance must be located in the CWS or IHSS case record.
- b. For the CWS Programs, the cases must be read in the following order:  
  
Read one ER case, one FM case, one FR case, one PP case, one ER case, one FM case, one FR case, one PP case...etc. Repeat this sequence until a decision can be made that the county is either in or out of compliance. An explanation of when this decision can be made is included in Attachment 3. If you review all sample cases within a program, simply continue reading cases in the program sequence order for the remaining programs for which there are cases to be reviewed.
- c. Begin your review using the case review worksheets which will be provided to you by your Adult and Family Services Operations Consultant upon request. These worksheets will contain more specific instructions.
- d. Record findings on the case review worksheet marking each case either "pass," or "fail."  
  
(1) A CWS case passes if all applicable critical elements (100 percent) are marked "yes" and at least 83 percent of the essential elements applicable to the case circumstances and program are marked "yes."  
A CWS case fails under the following circumstances:
  - (a) Any one of the applicable critical elements is marked "no;" or
  - (b) All of the applicable critical elements are marked "yes," but less than 83 percent of the essential elements applicable to the case circumstances and program are marked "yes."
- (2) An IHSS case passes if all applicable critical elements (100 percent) are marked "yes" and at least 83 percent of the essential elements applicable to the case circumstances and program are marked "yes."  
An IHSS case fails under the following circumstances:

- (a) Any one of the applicable critical elements is marked "no;" or
  - (b) All of the applicable critical elements are marked "yes," but less than 83 percent of the essential elements applicable to the case circumstances and program are marked "yes."
- e. After determining if the case passes or fails, go to Decision Table III for counties with 1000 cases or more; and Decision Table IV for counties with between 101 and 999 cases (see Attachment 3). These tables reflect an overall county compliance standard of 90 percent. In other words, 90 percent of a county's cases must be projected to be "pass" cases in order for a county to meet the overall review standard. For counties with 100 cases or less, 90 percent of the cases reviewed must be "pass" cases.

6. Submittal of Review Findings

- a. If you pass the review and you have met the notification and documentation requirements, you are eligible for a funds transfer. The required certification and completed review worksheets must be received by the Adult and Family Services Operations Bureau no later than April 7, 1986.
- b. If you fail the review, you are not eligible for a funds transfer. Please notify your Adult and Family Services Operations Consultant of this finding by April 7, 1986.

## CASE REVIEW DECISION TABLES

Decision Tables III and IV

There are two Decision Tables for sequential sampling to be used for the case review. Decision Table III is to be used by counties with 1,000 or more cases; and Decision Table IV is to be used by counties with between 101 and 999 cases. The instructions for using Decision Table III and Decision Table IV are the same.

- Column 2     Number of Records Reviewed - This is a sequential listing of the cumulative number of cases reviewed.
- Column 3     Acceptance Number - This column represents the maximum number of "fail" cases that are necessary to make the decision that the county is in compliance. No decision that a county is in compliance can be made before at least 45 (or 26 for Decision Table IV) case records have been reviewed. If the county is in compliance at that point in the review there cannot be any "fail" cases. Regardless of the number of cases eventually reviewed, the total number of "fail" cases cannot exceed 15 (or 8 for Decision Table IV) for the county to be in compliance.
- Column 4     Unacceptable: Actual/Cumulative - This represents the actual and cumulative total of "fail" cases. Enter the actual and cumulative total number of "fail" cases in this column as each case is completed and the results are transferred from the reviewer's worksheet to the Decision Table. Enter "0" for a "pass" case and "1" for a "fail" case. This cumulative total of "fail" cases is compared line by line with the corresponding figures in columns 3 and 5. Whenever the number in this column equals the number of either column 3 or 5, the review process stops and a decision is made. If the cumulative number in column 4 equals the number in column 3, the decision is made to consider the county in compliance. If the cumulative total in column 4 is between the numbers in columns 3 and 5, the review process continues until the 150th (or 80th for Decision Table IV) case is reviewed.
- Since a county must be at the 90 percent level or above, a county is considered to have passed the case review only if the accumulated total number of "fail" cases, Column 4, does not exceed the Acceptance Number in Column 3. For samples of 150 cases, the maximum number of "fail" case records is 15; for samples of 80 cases, the maximum number of "fail" cases is 8.
- Column 5     Rejection Number - This column represents the minimum number of cases that are necessary to make the decision that the county is not in compliance.

TRIENNIAL REVIEW DECISION TABLE III

Review Supervisor \_\_\_\_\_ State \_\_\_\_\_

Telephone Number \_\_\_\_\_ Dates \_\_\_\_\_

1 Case Record I.D.	2 Number Records Reviewed	3 Acceptance Number	4 Unacceptable* Actual Cumulative	5 Rejection Number	6 Reviewer's Initial	7 Supervisor's Initial
1	-	-		-		
2	-	-		-		
3	-	-		-		
4	-	-		-		
5	-	-		-		
6	-	-		-		
7	-	-		-		
8	-	-		-		
9	-	-		-		
10	-	-		10		
11	-	-		11		
12	-	-		11		
13	-	-		11		
14	-	-		11		
15	-	-		11		

\*Accept = 0  
Reject = 1

TRIENNIAL REVIEW DECISION TABLE III

2.

Review Supervisor _____		State _____				
Telephone Number _____		Dates _____				
1 Case Record I.D.	2 Number Records Reviewed	3 Acceptance Number	4 Unacceptable* Actual Cumulative	5 Rejection Number	6 Reviewer's Initial	7 Supervisor's Initial
	16	-		11		
	17	-		11		
	18	-		12		
	19	-		12		
	20	-		12		
	21	-		12		
	22	-		12		
	23	-		12		
	24	-		12		
	25	-		13		
	26	-		13		
	27	-		13		
	28	-		13		
	29	-		13		
	30	-		13		

TRIENNIAL REVIEW DECISION TABLE III

Review Supervisor \_\_\_\_\_ State \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Dates \_\_\_\_\_

1 Case Record I.D	2 Number Records Reviewed	3 Acceptance Number	4 Unacceptable* Actual Cumulative	5 Rejection Number	6 Reviewer's Initial	7 Supervisor Initial
	31	-		14		
	32	-		14		
	33	-		14		
	34	-		14		
	35	-		14		
	36	-		14		
	37	-		14		
	38	-		15		
	39	-		15		
	40	-		15		
	41	-		15		
	42	-		15		
	43	-		15		
	44	-		15		
	45	0		16		

Review Supervisor \_\_\_\_\_ State \_\_\_\_\_

Telephone Number \_\_\_\_\_ Dates \_\_\_\_\_

1 Case Record I.D.	2 Number Records Reviewed	3 Acceptance Number	4 Unacceptable* Actual Cumulative	5 Rejection Number	6 Reviewer's Initial	7 Supervisor's Initial
	46	0		16		
	47	0		16		
	48	0		16		
	49	0		16		
	50	0		16		
	51	0		16		
	52	1		17		
	53	1		17		
	54	1		17		
	55	1		17		
	56	1		17		
	57	1		17		
	58	1		17		
	59	2		18		
	60	2		18		

TRIENNIAL REVIEW DECISION TABLE III

Review Supervisor \_\_\_\_\_ State \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Dates \_\_\_\_\_

1 Case Record I.D	2 Number Records Reviewed	3 Acceptance Number	4 Unacceptable* Actual Cumulative	5 Rejection Number	6 Reviewer's Initial	7 Supervisor's Initial
61	2	2		18		
62	2	2		18		
63	2	2		18		
64	2	2		18		
65	2	2		18		
66	3	3		19		
67	3	3		19		
68	3	3		19		
69	3	3		19		
70	3	3		19		
71	3	3		19		
72	3	3		19		
73	4	4		20		
74	4	4		20		
75	4	4		20		

Review Supervisor \_\_\_\_\_ State \_\_\_\_\_

Telephone Number \_\_\_\_\_ Dates \_\_\_\_\_

1 Case Record I.D.	2 Number Records Reviewed	3 Acceptance Number	4 Unacceptable* Actual Cumulative	5 Rejection Number	6 Reviewer's Initial	7 Supervisor's Initial
	76	4		20		
	77	4		20		
	78	4		20		
	79	4		20		
	80	5		21		
	81	5		21		
	82	5		21		
	83	5		21		
	84	5		21		
	85	5		21		
	86	5		21		
	87	6		22		
	88	6		22		
	89	6		22		
	90	6		22		

TRIENNIAL REVIEW ECISION TABLE III

7.

Review Supervisor \_\_\_\_\_ State \_\_\_\_\_

Telephone Number \_\_\_\_\_ Dates \_\_\_\_\_

1 Case Record I.D	2 Number Records Reviewed	3 Acceptance Number	4 Unacceptable* Actual Cumulative	5 Rejection Number	6 Reviewer's Initial	7 Supervisor's Initial
	91	6		22		
	92	6		22		
	93	6		23		
	94	7		23		
	95	7		23		
	96	7		23		
	97	7		23		
	98	7		23		
	99	7		23		
	100	7		24		
	101	8		24		
	102	8		24		
	103	8		24		
	104	8		24		
	105	8		24		

TRIENNIAL REVIEW DECISION TABLE III

8.

Review Supervisor \_\_\_\_\_ State \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Dates \_\_\_\_\_

1 Case Record I.D.	2 Number Records Reviewed	3 Acceptance Number	4 Unacceptable* Actual Cumulative	5 Rejection Number	6 Reviewer's Initial	7 Supervisor's Initial
	106	8		24		
	107	9		25		
	108	9		25		
	109	9		25		
	110	9		25		
	111	9		25		
	112	9		25		
	113	9		25		
	114	10		26		
	115	10		26		
	116	10		26		
	117	10		26		
	118	10		26		
	119	10		26		
	120	10		26		

TRIENNIAL REVIEW DECISION TABLE III

Review Supervisor \_\_\_\_\_ State \_\_\_\_\_

Telephone Number \_\_\_\_\_ Dates \_\_\_\_\_

1 Case Record I.D	2 Number Records Reviewed	3 Acceptance Number	4 Unacceptable* Actual Cumulative	5 Rejection Number	6 Reviewer's Initial	7 Supervisor Initial
	121	11		27		
	122	11		27		
	123	11		27		
	124	11		27		
	125	11		27		
	126	11		27		
	127	11		27		
	128	12		28		
	129	12		28		
	130	12		28		
	131	12		28		
	132	12		28		
	133	12		28		
	134	12		28		
	135	13		29		

Review Supervisor \_\_\_\_\_ State \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Dates \_\_\_\_\_

1 Case Record I.D	2 Number Records Reviewed	3 Acceptance Number	4 Unacceptable* Actual Cumulative	5 Rejection Number	6 Reviewer's Initial	7 Supervisor's Initial
	136	13		29		
	137	13		29		
	138	13		29		
	139	13		29		
	140	13		29		
	141	13		29		
	142	14		30		
	143	14		30		
	144	14		30		
	145	14		30		
	146	14		30		
	147	14		30		
	148	14		31		
	149	15		31		
	150	15		31		

Date \_\_\_\_\_

TRIENNIAL REVIEW DECISION TABLE IV

Review Supervisor \_\_\_\_\_ State \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Dates \_\_\_\_\_

1 Case Record I.D	2 Number Records Reviewed	3 Acceptance Number	4 Unacceptable* Actual Cumulative	5 Rejection Number	6 Reviewer's Initial	7 Supervisor's Initial
1	-	-		-		
2	-	-		-		
3	-	-		-		
4	-	-		-		
5	-	-		-		
6	-	-		-		
7	-	-		7		
8	-	-		7		
9	-	-		7		
10	-	-		8		
11	-	-		8		
12	-	-		8		
13	-	-		8		
14	-	-		8		
15	-	-		8		

\*Accept = 0  
 Reject = 1

Review Supervisor \_\_\_\_\_ State \_\_\_\_\_

Telephone Number \_\_\_\_\_ Dates \_\_\_\_\_

1 Case Record I.D.	2 Number Records Reviewed	3 Acceptance Number	4 Unacceptable* Actual Cumulative	5 Rejection Number	6 Reviewer's Initial	7 Supervisor's Initial
	16	-		8		
	17	-		9		
	18	-		9		
	19	-		9		
	20	-		9		
	21	-		9		
	22	-		9		
	23	-		9		
	24	-		10		
	25	-		10		
	26	0		10		
	27	0		10		
	28	0		10		
	29	0		10		
	30	0		10		

TRIENNIAL REVIEW DECISION TABLE IV

3.

Review Supervisor \_\_\_\_\_ State \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Dates \_\_\_\_\_

1 Case Record I.D	2 Number Records Reviewed	3 Acceptance Number	4 Unacceptable* Actual Cumulative	5 Rejection Number	6 Reviewer's Initial	7 Supervisor's Initial
31	0	0		11		
32	0	0		11		
33	1	1		11		
34	1	1		11		
35	1	1		11		
36	1	1		11		
37	1	1		11		
38	1	1		12		
39	1	1		12		
40	2	2		12		
41	2	2		12		
42	2	2		12		
43	2	2		12		
44	2	2		13		
45	2	2		13		

Review Supervisor \_\_\_\_\_ State \_\_\_\_\_

Telephone Number \_\_\_\_\_ Dates \_\_\_\_\_

1 Case Record I.D	2 Number Records Reviewed	3 Acceptance Number	4 Unacceptable* Actual Cumulative	5 Rejection Number	6 Reviewer's Initial	7 Supervisor's Initial
	46	2		13		
	47	3		13		
	48	3		13		
	49	3		13		
	50	3		13		
	51	3		14		
	52	3		14		
	53	4		14		
	54	4		14		
	55	4		14		
	56	4		14		
	57	4		14		
	58	4		15		
	59	4		15		
	60	5		15		

TRIENNIAL REVIEW DECISION TABLE IV

5.

Review Supervisor		State				
Telephone Number		Dates				
1 Case Record I.D.	2 Number Records Reviewed	3 Acceptance Number	4 Unacceptable* Actual Cumulative	5 Rejection Number	6 Reviewer's Initial	7 Supervisor's Initial
	61	5		15		
	62	5		15		
	63	5		15		
	64	5		15		
	65	5		16		
	66	5		16		
	67	6		16		
	68	6		16		
	69	6		16		
	70	6		16		
	71	6		16		
	72	6		17		
	73	6		17		
	74	7		17		
	75	7		17		

TRIENNIAL REVIEW DECISION TABLE IV

6.

Review Supervisor \_\_\_\_\_ State \_\_\_\_\_  
 telephone Number \_\_\_\_\_ Dates \_\_\_\_\_

1 Case Record I.D.	2 Number Records Reviewed	3 Acceptance Number	4 Unacceptable* Actual Cumulative	5 Rejection Number	6 Reviewer's Initial	7 Supervisor's Initial
	76	7		17		
	77	7		17		
	78	7		17		
	79	7		18		
	80	7		18		
	81	8		18		

te \_\_\_\_\_ Review Supervisor (Signature) \_\_\_\_\_