SUPERVISORY AUDIT TOOL

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| Member Name: |  |  Case Manager:  |  |
|  |  |  |  |
| AHCCCS ID: |  |  | Placement:: |  |

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| --- | --- | --- | --- |
|  | **N/A** | **YES** | **NO** |
| 1. **NEWLY ENROLLED MEMBERS**
 |
| 1. Was an on-site visit done within 12 working days of enrollment or is there a documented reason for a delay?
 |  |  |  |
| 1. Did LTC services begin within 30 calendar days of enrollment?
 |  |  |  |
| 1. Did case manager confirm delivery of services with member and/or provider and document start date?
 |  |  |  |
| Explain all NO answers:  |  |  |  |
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| 1. **REASSESSMENTS**
 |  |
|  Enter # of reviews REQUIRED during last 12 months → |  |
|  Enter # of reviews DONE in last 12 months → |  |
| 1. Were reassessment visits completed on time or have documented reason for delay?
 |  |  |  |
| 1. Does case file contain documentation of a complete assessment of member’s status and needs? If NO, list missing components below.
 |  |  |  |
| 1. Was the member’s representative contacted if the member was unable to participate in the review?
 |  |  |  |
| 1. If member had change of placement type, was an on-site visit conducted within 10 days of the change or case manager awareness of change?
 |  |  |  |
| 1. Did case manager conduct member satisfaction survey at each review?
 |  |  |  |
| Explain all NO answers:  |  |  |  |
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| 1. **SERVICE PLAN / CA165**
 |  |  |  |
| 1. Do service authorizations correspond with case file documentation regarding types, including correct modifiers, amount, provider, etc.?
 |  |  |  |
| 1. Does the file contain a completed service plan signed by the member/representative at each review visit?
 |  |  |  |
| 1. Were requests for service (from member/rep or physician) addressed in a timely manner (decision within 14 days)?
 |  |  |  |
| 1. Does CA165 contain current and open authorizations for services provided?
 |  |  |  |
| 1. Do service authorization dates correspond with placement dates (i.e., no overlap of services across placements, no LTC services for member in “D” placement, etc)?
 |  |  |  |
| Explain all NO answers:  |  |  |  |
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| 1. **CES / CA160**
 |  |  |  |
| 1. Does the CES contain appropriate services?
 |  |  |  |
| 1. Was the CES completed at least annually for HCBS members?
 |  |  |  |
| 1. Was a CES completed prior to placement change to HCBS?
 |  |  |  |
| 1. If HCBS % exceeds 80%, does the file contain DHCM approval notice or have request in process?
 |  |  |  |
| Explain all NO answers: |  |  |  |
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|  |  |  |  |
|  | **N/A** | **YES** | **NO** |
| 1. **PLACEMENT / CA161**
 |
| 1. Does CA161 reflect current case manager assigned to case?
 |  |  |  |
| 1. Do placement codes & dates on CA161 correspond with member information (includes Placement Reason and Residence codes)?
 |  |  |  |
| 1. Does Last Review Date correspond with most recent member visit noted in case file?
 |  |  |  |
| 1. If D (Acute Care Only), was MCR sent to change contract type?
 |  |  |  |
| Explain all NO answers:  |  |  |  |
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| 1. **Community First Choice / CA162**
 |  |  |  |
| 1. Was CA162 entered within 10 business days of the initial visit for newly enrolled members and updated at least annually thereafter?
 |  |  |  |
| 1. Does the information entered on CA162 correspond with other case file documentation regarding Agency with Choice, SDAC, LOC, and Incontinence Status?
 |  |  |  |
| Explain all NO answers: |  |  |  |
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| 1. **DOCUMENTATION**
 |  |  |  |
| 1. Was a HCBS Needs Tool (HNT) completed if member will get in-home services?
 |  |  |  |
| 1. Does documentation describe member’s informal/unpaid support system and their involvement in care?
 |  |  |  |
| 1. Does documentation reflect ongoing case management monitoring of the member’s needs, an action plan to resolve issues and timely follow-up?
 |  |  |  |
| 1. **If member in “Q” Placement**, does documentation reflect case manager consideration of HCBS discharge potential/options?
 |  |  |  |
| 1. Does the file contain evidence of AHCCCS approval for services as indicated (i.e., E1399, DME over $500, Home Modifications)?
 |  |  |  |
| 1. Was a Member Change Report submitted for all member changes (ie: address, placement, etc)?
 |  |  |  |
| 1. Does documentation indicate Spouse Attendant Care was offered as an option if member is married?
 |  |  |  |
| 1. If Spouse Attendant Care is authorized, is Spouse Acknowledgement form reviewed and signed at least annually?
 |  |  |  |
| Explain all NO answers:  |  |  |  |
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| 1. **BEHAVIORAL HEALTH**
 |  |  |  |
| 1. If the member is on psychotropic medications, does the case manager document effectiveness and side effects at each review?
 |  |  |  |
| 1. Does BH code on CA161 reflect member’s current status?
 |  |  |  |
| 1. Does the case manager document initial and quarterly Behavioral Health consults as required?
 |  |  |  |
| Explain all NO answers: |  |  |  |
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| 1. **CONTINGENCY PLAN** (Questions in this section apply if member receives Attendant Care, Personal Care, Homemaker and/or Respite funded by ALTCS)
 |
| 1. Was a contingency plan completed/updated as required?
 |  |  |  |
| 1. Does Plan indicate Member Service Preference Level?
 |  |  |  |
| 1. Does back-up plan list at least case manager’s phone number as contact in case of gap in services?
 |  |  |  |
| Explain all NO answers: |  |  |  |
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|  |  |  |  |
|  | **N/A** | **YES** | **NO** |
| 1. **UNIFORM ASSESSMENT TOOL**
 |  |  |  |
| 1. Does file contain completed and up-to-date Uniform Assessment Tool?
 |  |  |  |
| 1. Is Level of Care on UAT consistent with member information in the rest of the case file?
 |  |  |  |
| Explain all NO answers:  |  |  |  |
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| 1. **NOTICES OF ACTION**
 |  |  |  |
| 1. If services were denied, was a written notice sent?
 |  |  |  |
| 1. If services were reduced/terminated, was a written notice sent if member did not agree with the change (marking Disagree on Service Plan)?
 |  |  |  |
| 1. If YES to A or B, was the notice sent within established timelines, to the member and/or representative, and a copy kept in the case file?
 |  |  |  |
| 1. If YES to A or B, does documentation support the decision?
 |  |  |  |
| Explain all NO answers:  |  |  |  |
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| **ADDITIONAL COMMENTS** (include auditor’s assessment of quality of documentation)  |  |  |  |
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| Auditor: |  |  Date audited:  |  |
|  |  |  |  |
| Date reviewed with case manager: |  |  |  |
|  |  |  |  |
| Case manager’s signature acknowledging receipt: |  |

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