SUPERVISORY AUDIT TOOL

QUARTERLY SUMMARY

(Revised 07/01/2024)

Tribal Contractor/Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **From Month/Year:** |  | **To Month/Year:** |  |
|  |  |  |  |
| **# of Files Reviewed:**  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Audit Question #** | **# Applicable** | **% YES** | **% NO** | **Corrective Action if NO > 10%** |
| 1. NEWLY ENROLLED MEMBERS
 |
| 1A |  |  |  |  |
| 1B |  |  |  |  |
| 1C |  |  |  |  |
| Comments: |
| 1. REASSESSMENTS
 |
| 2A |  |  |  |  |
| 2B |  |  |  |  |
| 2C |  |  |  |  |
| 2D |  |  |  |  |
| 2E |  |  |  |  |
| 2F |  |  |  |  |
| 2G |  |  |  |  |
| 2H |  |  |  |  |
| Comments: |
|  |
|  |
| **Audit Question #** | **# Applicable** | **% YES** | **% NO** | **Corrective Action if NO > 10%** |
| 1. HOSPITALIZATIONS
 |
| 3A | 3 | 25% |  |  |
| 3B |  |  |  |  |
| Comments: |
| 1. SERVICE PLAN / CA165
 |
| 4A |  |  |  |  |
| 4B |  |  |  |  |
| 4C |  |  |  |  |
| 4D |  |  |  |  |
| Comments: |
| 1. CES / CA160
 |
| 5A |  |  |  |  |
| 5B |  |  |  |  |
| 5C |  |  |  |  |
| 5D |  |  |  |  |
| Comments: |
| 1. PLACEMENT / CA161
 |
| 6A |  |  |  |  |
| 6B |  |  |  |  |
| 6C |  |  |  |  |
| 6D |  |  |  |  |
| **Audit Question #** | **# Applicable** | **% YES** | **% NO** | **Corrective Action if NO > 10%** |
| 6E |  |  |  |  |
| Comments: |
| 1. COMMUNITY FIRST CHOICE / CA162
 |
| 7A |  |  |  |  |
| 7B |  |  |  |  |
| 7C |  |  |  |  |
| Comments: |
| 1. DOCUMENTATION
 |
| 8A |  |  |  |  |
| 8B |  |  |  |  |
| 8C |  |  |  |  |
| 8D |  |  |  |  |
| 8E |  |  |  |  |
| 8F |  |  |  |  |
| 8G |  |  |  |  |
| 8H |  |  |  |  |
| 8I |  |  |  |  |
| Comments: |
| 1. BEHAVIORAL HEALTH
 |
| 9A |  |  |  |  |
| 9B |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Audit Question #** | **# Applicable** | **% YES** | **% NO** | **Corrective Action if NO > 10%** |
| 9C |  |  |  |  |
| 9D |  |  |  |  |
| 9E |  |  |  |  |
| 9F |  |  |  |  |
| 9G |  |  |  |  |
| Comments: |
| 1. OLMSTEAD PLAN
 |
| 10A |  |  |  |  |
| 10B |  |  |  |  |
| 10C |  |  |  |  |
| 10D |  |  |  |  |
| 10E |  |  |  |  |
| 10F |  |  |  |  |
| 10G |  |  |  |  |
| Comments: |
| 1. UNIFORM ASSESSMENT TOOL
 |
| 11A |  |  |  |  |
| 11B |  |  |  |  |
| Comments: |
| 1. NOTICE OF ACTION
 |
| 12A |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Audit Question #** | **# Applicable** | **% YES** | **% NO** | **Corrective Action if NO > 10%** |
| 12B |  |  |  |  |
| 12C |  |  |  |  |
| 12D |  |  |  |  |
| Comments: |

Revised Supervisory Audit Tool Summary\_JUL 2024.doc