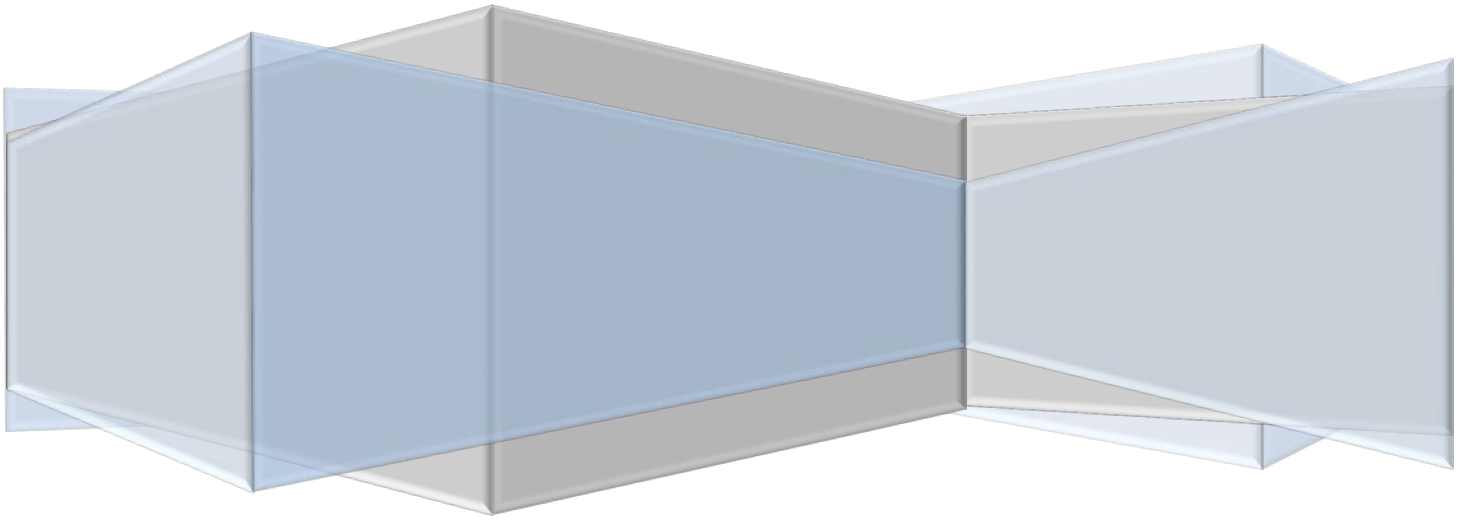
OMB Control Number: 0938-TBD (Expires: TBD)

Programs of All-Inclusive Care for the Elderly (PACE)

AUDIT PROCESS AND DATA REQUEST



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Audit Purpose and General Guidelines

1. **Purpose**: To evaluate performance in the five areas outlined below related to the Programs of All-Inclusive Care for the Elderly (PACE). The Centers for Medicare and Medicaid Services (CMS) will perform its audit activities using these instructions (unless otherwise noted).

2. **Review Period**: The review period will be one year preceding the date of the audit engagement letter. CMS reserves the right to expand the review period to ensure sufficient universe size.

3. **Responding to Documentation Requests**: The PACE organization (PO) is expected to present any supporting documentation requested during the audit and upload the supporting documentation, as requested, to the secure site using the designated naming convention and within the timeframe specified by the CMS Audit Team.

4. **Pre-Audit Disclosed Issues of Non-Compliance**: POs will be asked to provide a list of all disclosed issues of non-compliance that are relevant to the elements being audited and may be detected during the audit. A disclosed issue is one that has been reported to CMS prior to the receipt of the audit start notice (which is also known as the "engagement letter"). Issues identified by CMS or the SAA through on-going monitoring or other account management/oversight activities during the audit year are not considered disclosed. POs should exclude Level I and Level II data already reported to CMS.

   POs must provide a description of each disclosed issue as well as the status of correction and remediation using the Pre-Audit Issue Summary template (Attachment III). This template is due within 5 business days after the receipt of the audit start notice. The PO's Account Manager will review Attachment III to validate that "disclosed" issues were known to CMS prior to receipt of the audit start notice.

   When CMS determines that a disclosed issue was promptly identified, corrected (or is actively undergoing correction), and the risk to participants has been mitigated, CMS will not apply the ICAR condition classification to that condition.

5. **Impact Analysis (IA)**: An impact analysis must be submitted as requested by CMS. The impact analysis must identify all participants subjected to or impacted by the issue of non-compliance. POs will have up to 10 business days to complete the requested impact analysis templates. CMS may validate the accuracy of the impact analysis submission(s). In the event an impact analysis cannot be produced, CMS will report that the scope of non-compliance could not be fully measured and impacted an unknown number of participants within the PO.

6. **Calculation of Score:** CMS will determine if each condition cited is an Observation (0 points), Corrective Action Required (CAR) (1 point) or an Immediate Corrective Action Required (ICAR) (2 points).

   CMS will then add all of the points (CARs and ICARs) from the audit and then divide that number (i.e., total score), by the number of audit elements (i.e., 5 audit elements) tested to determine the PO's overall PACE audit score. Observations will be recorded in the draft and final reports, but will not be scored and therefore will not be included in the audit scores.

7. **Informing PO of Results:** CMS will provide daily updates regarding conditions discovered that day (unless a sample has been pended for further review). CMS will provide a preliminary

summary of the conditions at the exit conference. The CMS Audit team will do its best to be as transparent and timely as possible in its communication of audit findings. POs will also receive a draft audit report which they may formally comment on and then a final report will be issued after consideration of a PO's comments on the draft.

Universe Preparation & Submission

1. **Responding to Universe and Documentation Requests**: The PO is expected to provide accurate and timely universe and documentation submissions within 30 calendar days of the engagement letter date. CMS may request a revised universe if data issues are identified.

2. **Pull Universes and Submit Documentation:** The universes and documentation collected test whether the PO has deficiencies related to the 5 audit elements: personnel records, service delivery requests, appeals and grievances (SDAG), clinical appropriateness and care planning (care planning, participant assessments, IDT requirements, etc.), quality assessment and an onsite review.

   2.1. Documentation: POs should submit the following documentation in Microsoft Word (.docs), Microsoft Excel (.xlsx) or Portable Document File (PDF).

   - Completed PACE Supplemental Questions (Attachment II)
   - The PO's Quality Assessment and Performance Improvement (QAPI) plan(s) that were in use during the audit review period
   - Participant Advisory Committee (PAC) Minutes for the audit review period

   2.2. Data Universes: POs will provide universes of all of their service delivery requests, all appeals, all grievances, as well as a universe of any quality initiatives and quality data during the audit period. Additionally, POs will provide a universe of all personnel employed during the audit review period, as well as a universe of all participants enrolled during the audit review period.

   - Table 1: Service Delivery Requests (SDR)
   - Table 2: Appeal Requests (AR)
   - Table 3: Grievance Requests (GR)
   - Table 4: List of Personnel (LOP)
   - Table 5: List of Participant Medical Records (LOPMR)
   - Table 6: Quality Assessment Initiatives Records (QAIR)
   - Table 7: On-call Universe (OCU)

   For the service delivery request, appeal and grievance universes, cases that fall in the review period should be submitted based on the date the request/ grievance was processed/ resolved (or should have been processed/ resolved). The date the request or grievance was received may fall outside of the review period.

   For the quality assessment universe, the PO should identify each quality initiative that occurred and the corresponding data used in the quality initiative during the audit review period. A quality initiative is a set of data used to measure and identify areas of good or problematic performance within a PACE organization. Data could include examples such as hospitalizations, falls, grievances, appeals, medical records, audits, etc.

   For the personnel universe, the PO should include all personnel who were employed at any time during the audit review period. This should include part-time employees, full-time employees, contract employees, volunteers, and temporary employees. The PO does not need to submit the

actual personnel record for each employee, only the information identified in Appendix A Table 4.

For the participant medical record universe, the PO should include all participants who were enrolled at some point during the review period. This will include participants who were enrolled prior to the audit review period who disenrolled during the audit review period, as well as participants who enrolled during the audit review period. The PO does not need to submit medical records for each participant, only the information identified in Appendix A Table 5.

For the on-call universe, POs must submit all information relating to all calls received after hours by the PO.

The universes should be 1) all inclusive, regardless of whether the request was determined to be approved, denied, or partially denied and 2) submitted in the appropriate record layout as described in Appendix A.

3. **Submit Universes to CMS:** POs should submit each universe in the Microsoft Excel (.xlsx) file format with a header row following the record layouts shown in Appendix A, Tables 1-7. CMS will run the tests indicated below on the first 3 universes. For the notification timeliness tests, auditors will determine the percentage of timely cases from a full universe of approvals and denials.

TABLE #	RECORD LAYOUT	UNIVERSE	APPLICABLE AUDIT ELEMENT	COMPLIANCE STANDARD TO APPLY	CFR REF.	TEST
1	SDR	Service Delivery Requests	SDAG	No later than 72 hours following the date the request was received by the IDT. The PO may extend the decision up to 5 days when applicable.	460.104(d)(2)(ii) and 460.104(d)(2)(iii)	Notification
2	AR	Appeal Requests	SDAG	No later than 30 days from the date of receipt for standard appeals. No more than 72 hours from receipt of the appeal for expedited appeals.	460.122(c)(5) and (f)(2)	Notification
3	GR	Grievance Requests	SDAG	A PO must determine the timeframe for resolving grievances in their internal policies and procedures.	460.120(c)(3)	Notification

4. **Selecting Samples**: Auditors will review the universes collected from the PO and select samples in accordance with the instructions noted below. For each element, the selected samples will be given to the PO 1 business day before the review of that element begins.

Audit Elements

I. Service Delivery Requests, Appeals and Grievances (SDAG)

1. **Select Sample Cases:** In sampling, CMS will select 30 targeted cases that appear significant. CMS will attempt to ensure that the sample set is representative of various types of service requests, grievances and appeals. CMS will use the PAC Minutes, the On-Call Universe and the List of Participant Medical Records in order to target samples for review. The sample set will be selected from the universe categories as follows:

   - 10 service delivery request denials
   - 5 service delivery request approvals
   - 5 appeal request denials
   - 10 grievances

2. **Review Sample Case Documentation:** CMS will review all sample case file documentation to ensure the PO followed all procedures appropriately, including identifying the request, processing the request, notifying participants timely and appropriately, and providing any approved services. The PO will need to provide access to the following documents during the audit (either onsite or through a live webinar):

   2.1. For service delivery requests:
   - Initial request:
     - Copy of the initial request (received in writing, orally, etc.)
     - If request was received via phone, any call notes taken that document the call.
   - Copy of all case notes for an assessment if it is conducted and/or any progress notes.
   - Copy of any decisions made based on the assessment.
   - Copy of all letters or notifications regarding the decision.
   - Documentation of the decision, including:
     - Documentation showing denial, partial denial, or approval notification to the participant and/or their caregiver, if applicable.
   - Copy of the written decision letter
   - For oral notification, copy of medical record notes and/or documentation of call.
   - Any other reports, system notes, or logs that document denial or approval of the request and participant notification.
   - For denials, documentation that appropriate appeal rights were given.
   - For approvals, documentation of service or care being provided, including an annotation in the participant's medical record, assessments, progress notes, and care plan.
   - If applicable, documentation regarding any extension that was taken including the reason for the extension and who requested the extension.

   2.2. For appeals:
   - Initial appeal request:
     - Copy of the appeal request (received in writing, orally, etc.)
     - If request was received via phone, any call notes taken that document the call.
   - Copy of all case notes involving the appeal.
   - Copy of any decisions made based on the appeal and any assessments done.
   - Copy of all letters or notifications regarding the decision.
   - Documentation of who conducted the review of the appeal.

- Documentation that the participant was given an opportunity to present evidence.
- Documentation of why a plan expedited an appeal (if applicable).
- Documentation of why a plan extended the appeal (if applicable).
- Documentation of the decision, including:
  - Documentation showing denial, partial denial, or approval notification to the participant and/or their caregiver, if applicable.
- Copy of the written decision letter
- Documentation showing parties that received the decision letter (CMS, SAA, etc.)
- For oral notification, copy of PO notes and/or documentation of call.
- Any other reports, system notes, or logs that document denial or approval of the request and participant notification.
- For denials, documentation that appropriate appeal rights were given.
- For approvals, documentation of service or care being provided, including an annotation in the participant's medical record.
- If applicable, documentation regarding any extension that was taken including the reason for the extension and who requested the extension.

2.3. For grievances:

- Initial complaint/ grievance:
  - If complaint was received via fax/mail/email, copy of original complaint.
  - If request was received via phone, copy of PO notes and/or documentation of call including call details.
- Documentation explaining the grievance issue(s).
- Copy of all supplemental information submitted by the participant and/or their caregiver.
  - If information was received via fax/mail/email, copy of documentation provided.
  - If information was received via phone, copy of medical record notes and/or documentation of call.
- Documentation showing the steps the PO took to resolve the issue, including appropriate correspondence with other departments within the organization and description of the final resolution.
- Documentation showing the PO continued providing care through the grievance process, as appropriate.
- Documentation showing resolution notification to the participant and/or their representative.
  - Copy of the written resolution letter sent and documentation of date/time letter was mailed.
  - If oral notification was given, copy of medical record notes and/or other documentation of call including the date.

3. <u>Apply Compliance Standard</u>: At a minimum, CMS will evaluate cases against the following criteria. CMS may review factors not specifically addressed in these questions if it is determined that there are other related SDAG requirements not being met.

3.1 Did the PO appropriately process service delivery requests, appeals and grievances?

3.1.1 Did the PO appropriately identify and classify requests, appeals and/ or grievances?
3.1.2 Did the PO use the appropriate personnel in reviewing requests and/or appeals?
3.1.3 Was a service delivery assessment conducted in person?
3.1.4 Did the PO provide the participants with a reasonable opportunity to present evidence during their appeals?

3.1.5 Did the PO properly identify and address all issues in a grievance?
3.1.6 Did the PO continue to provide disputed care to a Medicaid participant?

3.2 Did the PO appropriately notify participants and/or caregivers of any decision relating to a service delivery request, appeal or grievance?

3.2.1 Did the service delivery oral and written denial notification include the specific reason for the denial in a clear and understandable manner?
3.2.2 Did the oral and written service delivery denial notification include the right to appeal?
3.2.3 Did the PO notify all parties of an adverse appeal decision?
3.2.4 Did the PO notify the participant of the grievance outcome?

3.3 Did the PO timely resolve/ issue a decision on a service delivery request, appeal and/or grievance?

3.3.1 Did the PO notify the participant within 72 hours of the IDT receiving the request for assessment/ reassessment?
3.3.2 Did the PO appropriately extend the timeframe of a service delivery request, if applicable?
3.3.3 Did the PO process an appeal within 30 days, or, for expedited appeals, within 72 hours after the PO receives the appeal?
3.3.4 Did the PO appropriately extend the timeframe of the expedited appeal, if applicable?
3.3.5 Did a PO timely process a grievance?
3.3.6 Did the PO effectuate approved service delivery requests and appeals?

4. **Sample Case Results:** CMS will test each of the 30 cases. If CMS requirements are not met, conditions (findings) are cited. If CMS requirements are met, no conditions (findings) are cited. **NOTE:** Cases and conditions may have a one-to-one or a one-to-many relationship. For example, one case may have a single condition or multiple conditions of non-compliance.

II. Clinical Appropriateness & Care Planning

1. **Select Sample Cases:** In sampling, CMS will select 10 targeted medical records that appear clinically significant. CMS will attempt to ensure that the sample set is representative of various types of service requests and care (e.g., hospitalizations, wound care, dialysis, social needs, home bound, skilled nursing, etc.). CMS will also utilize the SDAG universes, the On-Call Universe, and the PAC minutes in order to appropriately target participants.

2. **Review Sample Case Documentation:** CMS will review all medical records for proper documentation of all relevant processes related to participant care planning. The PO will need access to the following documents during the audit and may be requested to produce screenshots of any of the following:

    - All documentation related to participant assessments:
        - Initial comprehensive assessment conducted,
        - All annual, semi-annual, and ad-hoc assessments,
        - IDT responsible for conducting assessments,
        - Documentation related to outcome of assessments, changes in care plans, or any other related resolution,
        - Documentation that assessments were done in person.
    - All documentation related to the participant's care plan:
        - When and how the care plan was developed,
        - All changes made to the care plan at any point,
        - Progress notes, treatments, evaluations, of the care plan,
        - IDT recommendations and notes related to the care plan,
        - Assessments that were used in constructing or revising the care plan,
        - Documentation that the participant was appropriately involved in making the care plan.
    - All documentation related to service delivery and emergency care:
        - Documentation that the PO is providing all medically necessary services and care as determined by the IDT,
        - Documentation that the PO is providing any Medicare/ Medicaid covered services as appropriate,
        - Documentation that the PO is providing comprehensive PACE services to participants, including social, physical therapy, medical, etc.
        - Documentation that shows there was an on-call provider available to participants 24 hours a day.
        - Documentation showing the PO provided immediate access to emergency care,
        - Any documentation of emergency care, including that the participant was held harmless,
        - Any documentation relating to the use of restraints, if applicable.
    - Documentation relating to the interdisciplinary team (IDT) including:
        - Documentation that the IDT consists of all requisite members,
        - Documentation showing all required members were involved in assessments and care planning as appropriate,
        - Documentation of any communications by the IDT.
    - All other documentation related to a participants experience or care at the PACE organization.
    - Any documentation relating to the participants dietary needs,
    - Any documentation relating to a participants attendance at the PACE center.

3. **Apply Compliance Standard:** At a minimum, CMS will evaluate cases against the following criteria. CMS may review factors not specifically addressed in these questions if it is determined that there are other related PACE requirements not being met.

   3.1 Did the PO provide adequate care/ services to the participants (including but not limited to transportation, dietary, medical care, etc.)?
   - 3.1.1 Did the PO furnish mandatory services at the PACE center?
   - 3.1.2 Did the PO provide appropriate services and care? Did the PO provide immediate access to emergency services?
   - 3.1.3 Did the PO provide access to care/ services 24 hours a day as necessary?

   3.2 Did the PO ensure that the IDT was appropriately involved in the participants' care?
   - 3.2.1 Has the PACE organization appropriately established an interdisciplinary team at each PACE center?
   - 3.2.2 Did the IDT appropriately document assessments, care plans, and care coordination in the medical record?
   - 3.2.3 Is there evidence that members of the IDT remain alert to pertinent input from other team members, participants, and caregivers?

   3.3 Did the PO perform assessments as required?
   - 3.3.1 Did the PO perform assessments as required in a timely manner (annual, semi-annual, or more frequently when necessary)?
   - 3.3.2 Did the PO ensure the appropriate IDT members performed assessments?
   - 3.3.3 Were all required assessments conducted in-person?

   3.4 Did the PO keep an accurate and appropriate medical record?
   - 3.4.1 Did the PO maintain a single, comprehensive medical record?
   - 3.4.2 Did the PO maintain a medical record that was complete, accurately documented, readily accessible, systematically organized and available to all staff?

   3.5 Did the PO develop and document an appropriate care plan for the participants?
   - 3.5.1 Did the PO promptly and appropriately develop a care plan that meets the minimum requirements for each participant?
   - 3.5.2 Did the PO appropriately evaluate and monitor the participants' care plan?
   - 3.5.3 Did the PO ensure that the appropriate IDT members were involved in creating the care plan?
   - 3.5.4 Was an explanation of care plan changes given to the participant?
   - 3.5.5 Did the participant have a role in care plan decisions?

4. **Sample Case Results:** CMS will test each of the 10 medical records. If CMS requirements are not met, conditions (findings) are cited. If CMS requirements are met, no conditions (findings) are cited. **NOTE:** Cases and conditions may have a one-to-one or a one-to-many relationship. For example, one case may have a single condition or multiple conditions of non-compliance.

III. Personnel Records

1. **Select Sample Cases:** CMS will select a targeted sample of 10 personnel records. CMS will attempt to ensure that the sample set is representative of various types of employees, including part-time, full-time, contract, volunteers, etc.

2. **Review Sample Case Documentation:** CMS will review all sample case file documentation to determine that the personnel records contain all required materials. The PO will need to produce the following documents during the audit and may be requested to produce screenshots or copies of any of the following:

   - Documentation in the personnel file of all required trainings given to employees,
   - Documentation of any competencies given,
   - Documentation of any and all background checks conducted,
   - Documentation of OIG excluded provider checks being conducted,
   - Employee health records, including:
     - Immunizations (either provided or offered),
     - Any physicals administered
   - Documentation of Licensure required for the position

3. **Apply Compliance Standard:** At a minimum, CMS will evaluate cases against the following criteria. CMS may review factors not specifically addressed in these questions if it is determined that there are other related PACE requirements not being met.

   3.1 Did the PO personnel have the appropriate licensures?

   3.2 Did the PO conduct an OIG exclusion check for personnel?

   3.3 Did the PO run a background check on personnel?

   3.4 Did the PO ensure that all staff with direct participant contact were medically cleared for communicable diseases and have all immunizations up-to-date before engaging in direct participant contact?

   3.5 Did the PO provide trainings and/or competencies, as appropriate, for personnel?
   - 3.5.1 Were competency evaluations done for individuals performing participant care?
   - 3.5.2 Was OSHA training provided?
   - 3.5.3 Were ongoing trainings provided to personnel?
   - 3.5.4 Did staff receive appropriate emergency training?

4. **Sample Case Results:** CMS will test each of the 10 files. If CMS requirements are not met, conditions (findings) are cited. If CMS requirements are met, no conditions (findings) are cited. **NOTE:** Cases and conditions may have a one-to-one or a one-to-many relationship. For example, one case may have a single condition or multiple conditions of non-compliance.

IV. Onsite Review

1. **Select Participants for Observation:** CMS will observe 3 to 5 participants while onsite, including at least one who receives care from home and one who receives care at the center. CMS may observe more participants while onsite if an issue is noted that warrants additional review. In addition to selecting participants to observe, CMS will do an onsite inspection of at least one transportation vehicle and check for specific emergency equipment available at the PACE organization.

2. **Review Sample Case Documentation and Observations:** The PO should be able to provide the following access to CMS auditors:

   - A private area (can be the clinic) to view a willing participant receiving care,
   - A home visit of a willing participant,
   - A visit to an outside facility (such as a SNF), if applicable,
   - At least one transportation vehicle used to transport participants to and from the center,
   - Any emergency equipment the center has available.
   - An IDT meeting for CMS observation.

3. **Apply Compliance Standard:** At a minimum, CMS will evaluate the onsite review portion of the audit against the following criteria. CMS may review factors not specifically addressed in these questions if it is determined that there are other related PACE requirements not being met.

   3.1 Does the PO have a method of communicating between the van and the PACE center?

   3.2 Does the PO have a method of providing safe transportation to participants?
   - 3.2.1 Did the PO have a demonstrated method for securing participants (i.e., seat belts) and securing DME (e.g., wheelchairs, oxygen, walkers)?

   3.3 Did the PO appropriately communicate regarding the participant's care plan?
   - 3.3.1 Has the PO appropriately established an IDT at each PACE center?
   - 3.3.2 Is there evidence that members of the IDT remain alert to pertinent input from other team members, participants, and caregivers?
   - 3.3.3 Was an explanation of care plan changes given to the participant?
   - 3.3.4 Did the IDT collaborate with the participant and/or caregiver in care plan development?

   3.4 Did the PO adhere to an individual's care plan when providing care/ services?
   - 3.4.1 Did the PO provide services or care as identified in the care plan?
   - 3.4.2 Did the PO provide treatment or medications as identified in the care plan?

   3.5 Does the PO follow appropriate infection control standards when providing care?
   - 3.5.1 Did personnel wash/ sanitize hands as appropriate?
   - 3.5.2 Did personnel don and doff personal protective equipment as appropriate?

   3.6 Does the PO have emergency equipment available (suction, oxygen, medications, etc.)?

3.7 Does the PO appropriately document changes, progress notes, and/or treatment in the care plan and any evidence that these changes/ treatments were implemented?

3.7.1 If a change in the care plan was identified, was it appropriately documented?

3.7.2 If treatment was rendered, was that appropriately documented?

3.7.3 During an assessment or treatment, were progress notes appropriately documented?

3.7.4 Did the care plan identify measureable outcomes to be achieved?

3.8 Does the PO follow dietary care plans by providing food in the form necessary for participant's needs?

3.8.1 If the care plan identifies the participant as needing a particular type of meal (pureed, etc.), does that participant actually receive that meal?

4. <u>Onsite Review Results</u>: CMS will conduct onsite observations. If CMS auditors determine that requirements are not met while conducting the onsite review, conditions (findings) are cited. If CMS requirements are met, no conditions (findings) are cited.

V. Quality Assessment

1. **Select Sample Cases:** CMS will select two tracers, using the Quality Assessment Initiatives Records universe, appeals and grievances documentation, onsite interviews and discussions with the PO, a review of participant medical records, etc. to determine the effectiveness of the POs quality assessment and performance improvement (QAPI) program. A "tracer" is a quality initiative, participant outcome, issue, event, trend, etc. that is used to assess compliance with different aspects of the quality program. For example, if there is an issue related to a particular participant hospitalization, auditors may use the hospitalization to assess the PO's identification, correction and follow-up (e.g., possible training/ process improvement) related to that event. Likewise, if the PO identifies reduction of hospital utilization in its QAPI plan, auditors may use hospitalization data from the review period to assess the effectiveness of the QAPI program.

2. **Review Tracer Case Documentation:** CMS will review all relevant documentation and information related to the tracer. The PO will need to produce the following documents during the audit and may be requested to produce screenshots or copies of any of the following:

   - Overview of the quality initiative, identified issue or concern
   - Detailed explanation of the quality initiative(s), issue(s) (e.g., what the PO found, when the PO first learned about the issue, the root cause, and who or which personnel were involved.)
   - Root cause analysis that determined what caused or allowed the issue, problem or deficiency to occur, if applicable
   - Specific actions taken in response to the detected issue(s), if applicable
   - Documentation of communication to staff regarding the issue
   - Processes and procedures revised in response to becoming aware of the issue(s), if applicable
   - Any internal monitoring that was implemented as a result of corrective actions being taken, if applicable
   - Timeframes related to the quality initiatives or issues, root cause analyses, or corrective actions
   - Staff members and contractors involved in the QAPI activities

3. **Apply Compliance Standard:** At a minimum, CMS will evaluate the two tracers against the following criteria. CMS may review factors not specifically addressed in these questions if it is determined that there are other related PACE requirements not being met.

   3.1. Did the PO develop and/ or implement an effective, data driven quality assessment and performance improvement program?

   3.1.1. Did the PO appropriately develop and implement outcome measures?

   3.1.2. Did the PO appropriately identify and implement corrective action when identifying a quality issue?

   3.2. Did the PO ensure that the appropriate staff were involved in the development and implementation of QAPI activities?

4. **Sample Case Results:** CMS will use the tracers to assess whether CMS requirements are met. If CMS requirements are not met, conditions (findings) are cited. If CMS requirements are met, no conditions (findings) are cited. **NOTE:** Cases and conditions may have a one-to-one or a one-to-

many relationship. For example, one case may have a single condition or multiple conditions of non-compliance.

Appendix

Appendix A—Programs of All-Inclusive Care for the Elderly (PACE) Record Layouts

The universes for the PACE program area must be submitted as a Microsoft Excel (.xlsx) file with a header row. Do not include additional information outside of what is dictated in the record layout.

Please use a comma (,) to separate multiple values within one field if there is more than one piece of information for a specific field.

NOTE: There is a maximum of 4,000 characters per record row. Therefore, should additional characters be needed for a variable, enter this information on the next record at the appropriate start position.

Table 1: Service Delivery Requests (SDR) Record Layout

- Include all requests processed as service delivery requests.
- Submit cases based on the date the PO's decision was rendered or should have been rendered (the date the request was initiated may fall outside of the review period).

Column ID	Field Name	Field Type	Field Length	Description
A	Participant First Name	CHAR Always Required	50	First name of the participant.
B	Participant Last Name	CHAR Always Required	50	Last name of the participant.
C	Participant ID	CHAR Always Required	25	The identification number the PO uses to identify the participant.
D	Person who submitted the Service Request	CHAR Always Required	30	Provide the person who submitted the service request. Valid fields include: participant, caregiver, IDT, other.
E	Date Service Delivery Request Received	CHAR Always Required	10	Date the service delivery request was received by the interdisciplinary team (IDT). Submit in CCYY/MM/DD format (e.g., 2017/01/01).
F	Category of the Request	CHAR Always Required	50	Provide the category or type of service delivery request. Examples include: Center days, eye wear, dental, home care, etc.
G	Description of the Request	CHAR Always Required	1000	Provide a description of the issue and, for denials, an explanation of why the decision was denied.
H	Date(s) assessment(s) performed	CHAR Always Required	80	Provide the date(s) that the assessment(s) was performed by the appropriate personnel or disciplines (IDT members) for the service request. If more than one date, enter all dates separated by a comma. Submit in CCYY/MM/DD format (e.g., 2017/01/01). Enter NA if an assessment was not conducted.

Column ID	Field Name	Field Type	Field Length	Description
I	Discipline(s) performing assessment(s)	CHAR Always Required	100	Provide the disciplines of the personnel involved in performing any of the assessments for this service request. If more than one discipline, include all applicable separated by commas. Enter NA if an assessment was not conducted.
J	Assessment(s) In Person	CHAR Always Required	2	Yes (Y)/ No (N) indicator on whether all the assessments were done in person. Enter NA if an assessment was not conducted.
K	Request Disposition	CHAR Always Required	16	Provide the request disposition for the service delivery request. Valid fields include: Approved, Denied or Partially Denied.
L	Extension	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether an extension was taken.
M	Date of Oral Notification	CHAR Always Required	16	Date the PO provided oral notification of the decision to the participant or caregiver. Submit in CCYY/MM/DD format (e.g. 2017/01/01). Enter NA if no oral notification was provided.
N	Date of Written Notification	CHAR Always Required	10	Date the PO provided written notification of the decision to the participant or caregiver. Submit in CCYY/MM/DD format (e.g. 2017/01/01). Enter NA if no written notification was provided.
O	Date service provided	CHAR Always Required	10	Date the approved service was provided to the participant. Submit in CCYY/MM/DD format (e.g. 2017/01/01). Enter NA if the request was denied.

Table 2: Appeal Requests (AR) Record Layout

- Include all requests processed as standard or expedited appeals received by the PACE organization.
- Submit cases based on the date the PO's decision was rendered or should have been rendered (the date the request was initiated may fall outside of the review period).

Column ID	Field Name	Field Type	Field Length	Description
A	Participant First Name	CHAR Always Required	50	First name of the participant.
B	Participant Last Name	CHAR Always Required	50	Last name of the participant.
C	Participant ID	CHAR Always Required	25	The identification number the PO uses to identify the participant.
D	Person who submitted the Appeal	CHAR Always Required	30	Provide the person who submitted the appeal. Valid fields include: participant, caregiver, IDT, other.
E	Date Appeal Received	CHAR Always Required	10	Provide the date the appeal was received by the PO. Submit in CCYY/MM/DD format (e.g., 2017/01/01).
F	Time Appeal Received	CHAR Always Required	5	Provide the time the appeal was received by the PO. Submit in HH:MM format (e.g. 23:54). Enter NA for an appeal that was not expedited.
G	Expedited	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the appeal was expedited.
H	Extension	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the PO took an extension on the appeal.
I	Category of the Appeal	CHAR Always Required	50	Provide the category or type of appeal request. Examples include: Center days, eye wear, dental, home care, etc.
J	Description of the Appeal	CHAR Always Required	1000	Provide a description of the issue and, for denials, an explanation of why the appeal was denied.
K	Request Disposition	CHAR Always Required	16	Provide the request disposition for the appeal. Valid fields include: Approved, Denied or Partially Denied.
L	Date of Oral Notification	CHAR Always Required	16	Date the PO provided oral notification of the decision to the participant or caregiver. Submit in CCYY/MM/DD format (e.g. 2017/01/01). Enter NA if no oral notification was provided.
M	Time of Oral Notification	CHAR Always Required	5	Time the PO provided oral notification of the decision to the participant or caregiver. Submit in HH:MM format (e.g. 23:59). Enter NA if no oral notification was provided or if the request was not expedited.

Column ID	Field Name	Field Type	Field Length	Description
N	Date of Written Notification	CHAR Always Required	10	Date the PO provided written notification of the decision to the participant or caregiver. Submit in CCYY/MM/DD format (e.g. 2017/01/01). Enter NA if no written notification was provided.
O	Time of Written Notification	CHAR Always Required	5	Time the PO provided written notification of the decision to the participant or caregiver. Submit in HH:MM format (e.g. 23:59). Enter NA if no written notification was provided or if the request was not expedited.
P	Date Service Provided	CHAR Always Required	10	If the appeal was approved at any level of the process, provide the date the service was provided to the participant. Submit in CCYY/MM/DD (e.g., 2017/01/01). Enter NA if the appeal was not approved or if the service has not been provided yet.
Q	Quality Analysis	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether an analysis of this particular appeal was included in your QAPI program?

Table 3: Grievance Requests (GR) Record Layout

- Include all complaints processed as grievances.
- Submit grievances based on the date the PO's decision was rendered or should have been rendered (the date the complaint was initiated may fall outside of the review period).

Column ID	Field Name	Field Type	Field Length	Description
A	Participant First Name	CHAR Always Required	50	First name of the participant.
B	Participant Last Name	CHAR Always Required	50	Last name of the participant.
C	Participant ID	CHAR Always Required	25	The identification number the PO uses to identify the participant.
D	Person who submitted the Grievance	CHAR Always Required	30	Provide the person who submitted the grievance. Valid fields include: participant, caregiver, other.
E	Date Grievance Received	CHAR Always Required	10	Provide the date the grievance was received by the PO. Submit in CCYY/MM/DD format (e.g., 2017/01/01).
F	Category of the Grievance	CHAR Always Required	50	Provide the category or type of grievance. Examples include: Personnel or staffing issue, service delivery, dietary, transportation, home care, etc.
G	Description of the Grievance	CHAR Always Required	1000	Provide a description of the grievance.
H	Grievance Resolution	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the grievance is resolved (i.e., all issues have been addressed).
I	Date of Resolution	CHAR Always Required	10	Provide the date the grievance was resolved (i.e., all issues addressed) by the PO. Submit in CCYY/MM/DD format (e.g., 2017/01/01). Enter NA if the grievance has not been resolved.
J	Date of Oral Notification	CHAR Always Required	10	Date of oral notification of the grievance resolution. Submit in CCYY/MM/DD format (e.g., 2017/01/01). Enter NA if no oral notification was provided.
K	Date of Written Notification	CHAR Always Required	10	Date the written notification of the grievance resolution was given to the participant or caregiver. Submit in CCYY/MM/DD format (e.g., 2017/01/01). Enter NA if no written notification was provided.
L	Quality Analysis	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether an analysis of this particular grievance was included in your QAPI program?

Table 4: List of Personnel (LOP) Record Layout

- Include all personnel employed during the audit period (i.e., volunteer, part-time, full time, and contract).
- Include any personnel hired during the audit period.
- Exclude all personnel terminated prior to the audit period.

Column ID	Field Name	Field Type	Field Length	Description
A	Employee First Name	CHAR Always Required	50	First name of the employee.
B	Employee Last Name	CHAR Always Required	50	Last name of the employee.
C	Job Title	CHAR Always Required	25	Provide the job title of the employee. Examples: Home health aide, physical therapist, etc.
D	Job Description	CHAR Always Required	50	Provide a brief description of the job duties.
E	Date of Hire	CHAR Always Required	10	Provide the date the employee was hired by the PO. Submit in CCYY/MM/DD format (e.g., 2015/01/01).
F	Date of Termination	CHAR Always Required	10	Provide the date the employee was terminated from the PO. Submit in CCYY/MM/DD format (e.g., 2017/01/01). Enter NA if the employee is still working for the PO.
G	Type of Employment	CHAR Always Required	25	Provide the type of employment for the employee. Valid fields are: contract, full-time, part-time, volunteer, other.
H	Direct Participant Contact	CHAR Always Required	1	Yes (Y) / No (N) indicator of whether the employee has direct participant contact as a part of their job duties.
I	License	CHAR Always Required	2	Yes (Y) / No (N) indicator of whether the employee is licensed for their job with the PACE organization. Enter NA if the employee's position for not require a license.

Table 5: List of Participant Medical Records (LOPMR) Record Layout

- Include all participants enrolled in the PO at some point during the audit period.
- Exclude all participants disenrolled prior to the audit period.

Column ID	Field Name	Field Type	Field Length	Description
A	Participant First Name	CHAR Always Required	50	First name of the participant.
B	Participant Last Name	CHAR Always Required	50	Last name of the participant.
C	Participant ID	CHAR Always Required	25	The identification number the PO uses to identify the participant.
D	Date of Enrollment	CHAR Always Required	10	Provide the date the participant was enrolled in the PO. Submit in CCYY/MM/DD format (e.g., 2015/01/01).
E	Date of Disenrollment	CHAR Always Required	10	Provide the date the participant disenrolled from the PO. Submit in CCYY/MM/DD format (e.g.2015/01/01). Answer NA if the participant is still enrolled.
F	Reason for disenrollment	CHAR Always Required	100	Provide the reason for the disenrollment. Answer NA if the participant is still enrolled.
G	Number of Hospital Admissions/ Observations	CHAR Always Required	3	Provide the number of hospital admissions or observations that occurred during the audit review period.
H	Number of Emergency Room Visits	CHAR Always Required	3	Provide the number of emergency room visits that occurred during the audit review period.
I	Number of SNF/NF Admissions	CHAR Always Required	3	Provide the number of skilled nursing facility/ nursing facility admissions that occurred during the audit review period. This should include all SNF/NF admissions for any cause, including admission as a result of a request for services.
J	Currently in SNF/NF	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the participant currently resides in a SNF or NF?
K	Received Home Care	CHAR Always Required	10	Provide whether the participant received home care during the audit review period (either skilled or unskilled). Valid Fields are: Skilled or Unskilled. If the participant did not receive home care during the audit review period enter NA.
L	Currently Receiving Home Care	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the participant currently receives either skilled or unskilled home care?

Column ID	Field Name	Field Type	Field Length	Description
M	Current Center Attendance	CHAR Always Required	1	Provide information on how often the participant currently attends the center. Enter the number of days each week (e.g., 1, 3, 5).
N	Transportation Services Provided	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the PO provides transportation to the participant?
O	Number of Falls reported as a Level II event	CHAR Always Required	3	Provide the number of falls a participant had during the audit review period that were reported as a Level II event.
P	Currently recovering from a fall reported as a Level II event	CHAR Always Required	2	Yes (Y) / No (N) indicator on whether the participant is still recovering from a fall that was reported as a Level II event? Enter NA if the participant did not have a fall reported as a Level II event.
Q	Number of Infections	CHAR Always Required	3	Provide the number of infections the participant had during the audit review period. This includes all types of infections as defined by your infection control plan. Enter NA if the participant did not have an infection during the audit review period.
R	Pressure Ulcers	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the participant has had one or more pressure ulcer(s) during the audit review period. Only include pressure ulcers that are staged II or above.
S	Currently receiving treatment for pressure ulcer	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the participant is currently receiving treatment for a pressure ulcer staged II or above?
T	Incontinent	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the participant is currently experiencing ongoing incontinence (either bladder or bowel)?
U	Indwelling Catheter	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the participant had an indwelling catheter during the audit review period?
V	Significant Weight Loss	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the participant experienced significant unanticipated weight loss at any time during the audit review period?
W	Mechanically Altered Diet	CHAR Always Required	100	If the participant needed a mechanically altered diet at any point during the audit period, enter a description of the diet (e.g., pureed, mechanical, etc.).
X	Parenteral or Enteral Feeding	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the participant received parenteral or enteral feeding at any point during the audit period?

Column ID	Field Name	Field Type	Field Length	Description
Y	Dementia	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the participant has/had a diagnosis of dementia?
Z	Pyschoactive Medications	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the participant received psychoactive medications during the audit review period?
AA	Restraints	CHAR Always Required	150	If physical or chemical restraints were used on the participant at any time during the audit review period, please describe what restraint was used.
AB	Assistance with Administering Medications	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the participant requires/required assistance with administering medication?
AC	Pain Management	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the participant was prescribed pain management during the audit review period?
AD	Skilled Therapy	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the participant has ever received skilled therapy during the audit review period. Include all types of skilled therapy received.
AE	Currently Receiving Skilled Therapy	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the participant is currently receiving skilled therapy?
AF	Functional Decline	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the participant experienced a functional decline during the audit review period?
AG	Oxygen Use	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the participant regularly used oxygen (as indicated by the care plan) during the audit review period (not as a result of an acute event)?
AH	Dialysis	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the participant received dialysis during the audit review period?
AI	Impaired Vision	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the participant has impaired vision (i.e, blind or vision is severely impaired without corrective lenses)?
AJ	Impaired Hearing	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the participant has impaired hearing (i.e., deaf or hearing is severely impaired without an assistive hearing device)?

Table 6: Quality Assessment Initiatives Records (QAIR) Record Layout

- Include each quality initiative that occurred during the audit review period and the corresponding data used in the quality initiative. Data could include examples such as hospitalizations, falls, grievances, appeals, medical records, audits, etc.

Column ID	Field Name	Field Type	Field Length	Description
A	Data Identifier	CHAR Always Required	3	Enter a unique identifier (number) for each row of data. Use numbers 1, 2, 3, 4, etc.
B	Quality Initiative Name	CHAR Always Required	100	Provide a name for the quality initiative (e.g., falls reduction).
C	Quality Initiative Goal	CHAR Always Required	500	Provide a description of the quality initiative goal (e.g., The purpose of this quality initiative is to reduce falls in participants identified as a high risk for falls).
D	QAPI Plan	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether this initiative was conducted as a result of its inclusion in the approved QAPI plan?
E	Incident	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether this initiative was conducted as a result of an incident that occurred during the audit review period?
F	Type of Data Collected	CHAR Always Required	200	Enter the type of data that was used as a part of the quality initiative (e.g. grievances, appeals, assessments, etc.).
G	Start Date of Quality Initiative	CHAR Always Required	10	Provide the date the quality initiative began. Submit in format CCYY/MM/DD (e.g. 2017/02/01).
H	End Date of Quality Initiative	CHAR Always Required	10	Provide the date the quality initiative was concluded. Submit in format CCYY/MM/DD (e.g. 2017/02/01). Enter NA if the quality initiative has not concluded (it is ongoing).
I	Root cause	CHAR Always Required	1	Yes (Y) / No (N) indicator of whether any root cause analyses were done as a result of the quality initiative?
J	Corrective Action Required	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the PO determined that any corrective actions were required as a result of the quality initiative?
K	Corrective Action Implemented	CHAR Always Required	2	Yes (Y) / No (N) indicator on whether the PO implemented any corrective actions as a result of the quality initiative? Enter NA if no corrective action was necessary.
L	Start Date of Corrective Action Implementation	CHAR Always Required	10	Provide the date the PO began implementing corrective action as a result of the quality initiative. Submit in format CCYY/MM/DD (e.g., 2017/02/01). Enter NA if no corrective action was necessary.
M	Potential Participant Harm	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the PO identified any potential participant harm relating to this issue?

Column ID	Field Name	Field Type	Field Length	Description
N	Actual Participant Harm	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether the PO identified any actual participant harm (such as an injury)?
O	Quality Improvements	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether any quality improvements were initiated as a result of this quality initiative (e.g., policies and procedures updated, staff retrained, programmatic change, etc.).
P	Quality Improvements Description	CHAR Always Required	1000	If applicable, describe the quality improvements initiated as a result of this quality initiative. If no quality improvements were initiated enter NA.
Q	Ongoing Review or monitoring	CHAR Always Required	1	Yes (Y) / No (N) indicator on whether there was ongoing review or monitoring of this quality initiative?
R	Frequency of review/ monitoring	CHAR Always Required	10	Provide the frequency of the ongoing review or monitoring that was conducted (or is being conducted). Daily, weekly, monthly, random. Enter NA if no ongoing review or monitoring is done.

Table 7: On-Call Universe (OCU) Record Layout

- Include all after hour calls received by the PO.
- Exclude all calls received during normal business hours.

Column ID	Field Name	Field Type	Field Length	Description
A	Participant First Name	CHAR Always Required	50	First name of the participant.
B	Participant Last Name	CHAR Always Required	50	Last name of the participant.
C	Participant ID	CHAR Always Required	25	The identification number the PO uses to identify the participant.
D	Caller Information	CHAR Always Required	50	Provide who made the call (e.g. participant, daughter, spouse, caregiver, etc.).
E	Date of Call	CHAR Always Required	10	Provide the date the call was received. Submit in CCYY/MM/DD format (e.g. 2017/01/01).
F	Time of Call	CHAR Always Required	5	Provide the time the call was received. Submit in HH:MM format (e.g. 23:54).
G	Call Description/ Reason For Call	CHAR Always Required	1500	Provide a description of the call (e.g. reason for the call).
H	Response to Call	CHAR Always Required	1500	Provide a description of the response to the call as it relates to the participant (e.g. did the PO send someone to the participant's home, did the participant go to the hospital, etc.).

PRA Disclosure Statement
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-TBD. The time required to complete this information collection is estimated to average 240 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.