

Audit Review Period:	
Issue of non-compliance:	Identifying and processing requests as service delivery requests
Scope:	<ul style="list-style-type: none">• The scope of this Impact Analysis is limited to 50% of the participants enrolled during the audit review period who were not included in the provision of services sample selection.• The auditor will select the participants to be reviewed and enter their identifying information on the Participant Impact tab.
Instructions:	<ul style="list-style-type: none">• Review only the participant medical records selected by the auditor. The selected participants are identified in the Participant Impact tab.• Review the selected medical records to determine if the participant or participant's representative requested to initiate, eliminate, or continue a particular service.• Respond to the questions in the participant impact tab.• The review timeframe is the audit review period. Errors noted before or after the audit review period should not be included.• After completing the Impact Analysis, if any changes need to be made to the Root Cause Analysis, please update the changes in the RCA tab.
Impact Analysis Due Date:	

Date Identified (MM/DD/YY) (Completed By The CMS Audit Lead)	Brief Description Of Issue (Completed By The CMS Audit Lead)	Condition Language (Completed By The CMS Audit Lead)

Detailed Description of the Issue	Root Cause Analysis for the Issue	Methodology - Describe the process that	# of Individuals	Action Taken to Resolve System/
(Explain what happened)	(Explain why it happened)	was undertaken to determine the # of	Impacted	Operational Issues
(Remaining fields to be Completed by PACE Organization)		individuals (e.g. participants) impacted		

Date System/ Operational Remediation Initiated (MM/DD/YY)	Date System/ Operational Remediation Completed (MM/DD/YY)	Actions Taken to Resolve Negatively Impacted Individuals Including Outreach Description and Status	Date Individual Outreach and Remediation Initiated (MM/DD/YY)	Date Individual Outreach and Remediation Completed (MM/DD/YY)

Participant First Name	Participant Last Name	Participant ID	Date of Enrollment	Date of Disenrollment
			MM/DD/YYYY	MM/DD/YYYY

<p>Did the participant or their representative request to initiate, eliminate, or continue a particular item or service during the audit review period?</p> <p>(Yes/No)</p> <p>If No, please enter NA in all remaining columns.</p>	<p>Enter the date the participant or their representative requested to initiate, eliminate, or continue a particular item or service.</p> <p>MM/DD/YYYY</p>	<p>Is there documentation that the request was processed as a service delivery request?</p> <p>(Yes/No)</p> <p>If there is documentation that the request <u>was</u> processed as a service delivery request, <u>and</u> included in the SDR universe submitted to CMS, you may enter NA in all remaining fields.</p>	<p>Describe the request.</p>
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<p>If the request was not processed as a service delivery request, was it processed/decided under a different process?</p> <p>(Yes/No)</p>	<p>If the participant received the requested service, what was the date the participant received it?</p> <p>MM/DD/YYYY</p> <p>Enter "Not Received" if the participant never received the service.</p>	<p>What documentation/evidence is available to show that the participant received the service?</p> <p>Enter "Not Received" if the participant never received the service.</p> <p>If the participant received the requested service, in full (i.e., as initially requested) the organization may enter NA in all remaining columns.</p>
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<p>Where was the request initially documented (progress notes, assessments, PAC minutes, on-call, etc.)?</p>	<p>When was the participant/participant representative notified of the decision to approve or deny the request.</p> <p>Enter "Not Resolved" if the request was never processed/resolved.</p> <p>Enter "Not Notified" if the request was decided/processed but the participant was never notified.</p> <p>MM/DD/YYYY</p>	<p>Was the request approved or denied?</p> <p>Enter "Not Resolved" if the request was never processed/decided.</p>	<p>If the request was approved but the service was not provided, explain why.</p> <p>Enter NA if the request was never processed or the request was denied.</p>
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<p>Were there any negative participant outcomes? (Yes/No)</p>	<p>If yes, describe the negative outcomes. Enter NA if the participant did not experience negative outcomes.</p>
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Optional: Please note, you do not have to complete this column.

If there are any mitigating factors that you would like CMS to consider related to a specific service delivery request, please enter the information in this column.