

<b>Audit Review Period:</b>	
<b>Issue of non-compliance:</b>	Identifying and processing requests as service delivery requests
<b>Scope:</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The auditor will select the participants to be reviewed and enter their identifying information on the Participant Impact tab.</li> </ul>
<b>Instructions:</b>	<ul style="list-style-type: none"> <li>• Review only the participant medical records selected by the auditor. The selected participants are identified in the Participant Impact tab.</li> <li>• Review the selected medical records to determine if the participant or participant's representative requested to initiate, eliminate, or continue a particular service.</li> <li>• Respond to the questions in the participant impact tab.</li> <li>• The review timeframe is the audit review period. Errors noted before or after the audit review period should not be included.</li> <li>• 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.</li> </ul>
<b>Impact Analysis Due Date:</b>	

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

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

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.**