Audit Review Period:	

Issue(s) of non-compliance:	**Auditors:** **Select All that Apply**	**Issue:**
		Services provided by caregivers
		Services provided by individuals or entities not employed or contracted by the PACE organization (other than caregivers)

Scope:	• The scope of this Impact Analysis is no more than 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:	**General:** • Review only the participant medical records selected by the auditor. The selected participants are identified in the Participant Impact tab. • 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 RCA tab. **Services provided by caregivers:** • Review the selected medical records to determine if caregivers were utilized by the PACE organization to provide services determined necessary by the IDT. **Services provided by individuals or entities not employed or contracted by the PACE organization (other than caregivers):** • Review the selected medical records to determine if any services determined necessary by the IDT were provided by an individual or entity that was not contracted with the PACE organization (other than caregivers).

Impact Analysis Due Date:	

Tracking ID Number	Brief Description Of Issue (Completed By The CMS Audit Lead)	Type of Issue Identified (Completed By The CMS Audit Lead) (Applies to condition 1P.02 Only. For all other conditions enter N/A)	Detailed Description of the Issue (Explain what happened)

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)

Root Cause Analysis for the Issue (Explain why it happened)	Methodology - Describe the process that was undertaken to determine the # of individuals (e.g. participants) impacted	# of Individuals Impacted	Action Taken to Resolve System/ Operational Issues

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)

Section 1 - General Information: This information is to be completed for all Impact Analyses					
Participant First Name	Participant Last Name	Medicare Beneficiary Identifier	Participant ID	Date of Enrollment MM/DD/YYYY	Date of Disenrollment MM/DD/YYYY Enter NA if the participant is still enrolled.

Section 2 - This information is to be completed if the Impact Analysis is being requested for: Services provided by caregivers		
Were any services determined necessary by the IDT provided by a caregiver (family, friends, etc.) who was unwilling, unable, or unsafe to provide the services during the audit review period? (Yes/No) If No, enter NA in all remaining columns in section 2.	During the audit review period, did the participant's caregivers (family, friends, etc.) report that they were unwilling or unable to provide assistance with ADLs, IADLs, or supervision? (Yes/No)	If caregivers reported they were unwilling or unable to provide assistance with ADLs, IADLs, or supervision: 1. identify whether the caregiver was unwilling or unable; and 2. briefly describe the type(s) of assistance/supervision the caregivers were unwilling or unable to provide. • Only list services that were determined necessary by the IDT and provided by the caregiver. For example: • Unwilling to provide supervision between 7 PM and 7 AM, 7 days/week. • Unable to provide assistance with bathing, 2 days/week. • Unwilling to provide assistance with meal preparation, 2x/day, 5 days/week. Enter each service that was in a new row. Please note: Impact analyses will be returned for correction if each service is not listed in a new row. Enter NA if the participant's caregivers were willing and able to provide assistance with ADLs, IADLs, and/or supervision.

Enter the first (earliest) date the participant's caregivers first reported they were unwilling or unable to provide assistance with ADLs, IADLs, or supervision. MM/DD/YYYY Enter NA if the participant's caregivers were willing and able to provide assistance with ADLs, IADLs, and/or supervision.	During the audit review period, did the IDT determine that the participant's caregivers (family, friends, etc.) were unsafe to provide assistance with ADLs, IADLs, or supervision? Yes/No)	If the IDT determined the participant's caregivers were unsafe to provide assistance with ADLs, IADLs, or supervision, briefly describe the type(s) of assistance/supervision the caregivers were unsafe to provide. Only list services that were determined necessary by the IDT and provided by the caregiver. For example: • Unsafe to provide supervision between 7 PM and 7 AM, 7 days/week. • Unsafe to provide assistance with bathing, 2 days/week. • Unsafe to provide assistance with meal preparation, 2x/day, 5 days/week. Enter each service that was in a new row. Please note: Impact analyses will be returned for correction if each service is not listed in a new row. Enter NA if caregivers were safe to provide assistance with ADLs, IADLs, and/or supervision.	If the IDT determined the participant's caregivers (family, friends, etc.) were unsafe to provide assistance with ADLs, IADLs, or supervision, briefly explain why the caregiver was unsafe to provide assistance. Enter NA if caregivers were safe to provide assistance with ADLs, IADLs, and/or supervision.	Enter the first (earliest) date the IDT determined the participant's caregivers were unsafe to provide assistance with ADLs, IADLs, or supervision. MM/DD/YYYY Enter NA if caregivers were safe to provide assistance with ADLs, IADLs, and/or supervision.

If caregivers reported they were unwilling or unable to provide assistance/supervision (noted in columns H and I) or the IDT determined caregivers were unsafe to provide assistance/supervision (noted in columns K and L), did the PO provide the services in full? (Yes/No)	If the PO did not provide the service in full, describe the services that were provided by the PO. Enter NA if the PO provided all services in full.	Enter the date when the PO began providing the services (the service that were being provided by the caregivers). MM/DD/YYYY

Section 3 - This information is to be completed if the Impact Analysis is being requested for: Services provided by individuals or entities not employed or contracted by the PACE organization (other than caregivers)					
During the audit review period, did the participant receive IDT approved, ordered, or care planned services from an individual or entity that was NOT contracted or employed by the PACE organization (other than a caregiver)? (Yes/No) If No, answer NA in all remaining columns in section 3.	Identify the service(s) provided by the non-contracted individual or entity. If the service was a specialist visit/consultation, identify the type of specialist. Enter each service that was provided by a non-contracted individual or entity in a new row. Please note: Impact analyses will be returned for correction if each service is not listed in a new row.	Date the IDT determined the service was necessary MM/DD/YYYY	Identify the individual or entity that provided the services to the participant.	Date the services were provided to the participant MM/DD/YYYY	Why did the participant receive services through individuals or entities not employed or contracted by the PACE organization?

Section 4 - General Information: This information is to be completed for all Impact Analyses		
Did the participant experience negative outcomes, in some part, as a result of services being provided by individuals or entities other than employees or contractors (including family members or caregivers)? (Yes/No)	If yes, describe the negative outcomes. Enter NA if the participant did not experience negative outcomes.	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 participant, please enter the information in this column.