Audit Review Period:	

Issue(s) of non-compliance:	Auditors: Select All that Apply	Issue
		Oral and/or written service delivery request denial rationale
		Oral and/or written service delivery request denial appeal notification
		Service delivery request review by IDT members

Scope:	**Oral and/or written service delivery request denial notification did not include the specific reasons for the denial in understandable language:** • All service delivery request <u>denials</u> during the audit review period. Please include denied service delivery requests only. **Oral and/or written service delivery request denial notification did not include appeal information:** • All service delivery request <u>denials</u> during the audit review period. Please include denied service delivery requests only. **The service delivery request was not reviewed by the complete IDT:** • All service delivery requests processed during the audit review period.

Instructions:	**General:** • The review timeframe is the audit review period. Errors noted prior to 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. **Oral and/or written service delivery request denial notification did not include the specific reasons for the denial in understandable language:** • Review each service delivery request denial to determine if oral and written notification of the denial included the specific reason for the denial in understandable language and respond to the questions in the participant impact tab. **Oral and/or written service delivery request denial notification did not include appeal information:** • Review each service delivery request denial to determine if oral and written notification of the denial included appeal rights and respond to the questions in the participant impact tab. **The service delivery request was not reviewed by the complete IDT:** • Review each service delivery request documentation to determine if all 11 IDT members were involved in the review of the request and respond to the questions in the participant impact 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 (Explain what happened) (Remaining fields to be Completed by PACE Organization)	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)

General Information: This information is to be completed for all Impact Analyses						
Participant First Name	Participant Last Name	Participant ID	Date of Enrollment MM/DD/YYYY	Date of Disenrollment MM/DD/YYYY Enter NA if the participant is still enrolled.	Service/Item Requested	Date Request Received by IDT MM/DD/YYYY

This information is to be completed if the Impact Analysis is being requested for: Oral and/or written service delivery request denial rationale			
Is there documentation or evidence that the participant received <u>oral notification</u> of the denial? (Yes/No) If the auditor did not select Oral and/or written service delivery request denial rationale on the instructions tab the PO may enter NA in fields H-K.	Did documentation of the <u>oral notification</u> include the specific reason for the denial in a clear and understandable manner? (Yes/No) If the participant did not receive oral notification please respond - NA	Is there documentation or evidence that the participant received <u>written notification</u> of the denial? (Yes/No)	Did documentation of the <u>written notification</u> include the specific reason for the denial in a clear and understandable manner? (Yes/No) If the participant did not receive written notification please respond - NA

This information is to be completed if the Impact Analysis is being requested for: Oral and/or written service delivery request denial appeal notification			
Is there documentation or evidence that the participant received <u>oral notification</u> of the denial? (Yes/No) If the auditor did not select Oral and/or written service delivery request denial appeal notification on the instructions tab the PO may enter NA in fields L-O.	Did documentation of the <u>oral notification</u> include the participant's right to appeal the denial? (Yes/No) If the participant did not receive oral notification please respond - NA	Is there documentation or evidence that the participant received <u>written notification</u> of the denial? (Yes/No)	Did documentation of the <u>written notification</u> include the participant's right to appeal the denial and information describing both the standard and expedited appeals processes? (Yes/No) If the participant did not receive written notification please respond - NA

This information is to be completed if the Impact Analysis is being requested for: Service delivery request review by IDT members					
Is there documentation that, at some point during the processing of the service delivery request, the request was reviewed by all 11 disciplines of the IDT? (Yes/No) In order to answer Yes, the organization must have documentation or evidence that all 11 disciplines reviewed the request between the request being made (participant indicating a need) and the decision being rendered (approving or denying the request). If the auditor did not select Service delivery request review by IDT members on the instructions tab the PO may enter NA in fields P-U.	Which IDT members were **NOT** involved in the review of the service delivery request? Enter NA if the service delivery request was reviewed by all 11 IDT disciplines.	Was the service delivery request approved or denied?	For approvals, did the participant receive the service/item? (Yes/No) Enter NA is the service delivery request was denied.	If the participant received the item/service, what was the date received? MM/DD/YYYY Enter NA is the service delivery request was denied.	What documentation or evidence is there to show the participant received the item or service? Enter NA is the service delivery request was denied.

General Information: This information is to be completed for all Impact Analyses

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.