# PACE Waiver Requests
# For Using Nurse Practitioner or Community Based Primary Care Physician as part of the IDT

| **Waiver Documentation to be Provided** *(Examples in Italics)* | **Nurse Practitioner** | **Community Based Primary Care Physician Waiver** |
|---|---|---|
| PACE Organization description<br>*How many PACE centers*<br>*Current participant census for the PACE organization*<br>*Alternative care settings etc.* | X | X |
| PACE Physician Job Description<br>***NP specific:***<br>*Will the Primary Care Physician provide oversight and collaborate with the NP?*<br>*Yes or No*<br>*If no provide a description to show who will collaborate with and provide oversight to the NP.*<br>***CB PCP specific:***<br>*Provide current number of PACE Physicians on staff at the PACE center and are they full-time or part-time?* | X | X |
| PACE Medical Director Job Description<br>***NP specific:***<br>*Will the Medical Director retain overall responsibility for:*<br>➢ *Delivery of participant care*<br>➢ *Clinical outcomes*<br>➢ *Oversight of the QAPI*<br>*If no provide description to show who will provide the responsibility and oversight.*<br>***CB PCP specific:***<br>*1.) Will the Medical Director provide the administrative oversight and/or direct participant care? Yes or No*<br>*If no provide description as to who will provide that oversight.*<br>*2.) Is the Medical director full time and is he/she employed by the PACE organization? Yes or No*<br>*If no provide description of the percentage of time spent at alternate location.*<br>*3.) Does the PACE organization have policies and procedures in place to provide oversight to potential CB PCPs as required at 42 CFR §§460.70 & 460.71? Yes or No* | X | X |
| CB PCP Proposed Job Description | N/A | X |

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| | | |
|---|---|---|
| *1.) Provide a number of CB PCPs you are wanting to contract with and details on the location of their current practice.*<br>*2.) Provide number of how many beneficiaries are being projected to be seen by the CB PCPs?*<br>*3.) Will CB PCPs provide services in the PACE center? Yes or No*<br>*If no where will they provide services?*<br>*4.) Does the PACE organization have policies and procedures in place when transporting beneficiaries not only to the PACE center but to the CB PCPs location? Yes or No* | | |
| NP Proposed Job Description<br>*Documents that will need to be included but not limited too:*<br>➢ *Nursing License*<br>➢ *Education degree*<br>➢ *Board Certification*<br>➢ *Evidence of 1 year experience with frail elderly*<br>➢ *Evidence of meeting all of the PACE organization's position-specific competencies prior to working independently*<br>➢ *Cleared for all communicable diseases prior to Evidence of direct participant contact*<br>➢ *Proof immunizations are up to date prior to direct participant contact*<br>➢ *Additional member to the IDT team* | X | N/A |
| NP & PCP Collaborative Agreement<br>*Does the PACE organization have a collaborative agreement between the NP and the PCP?*<br>*Yes or No* | X | N/A |