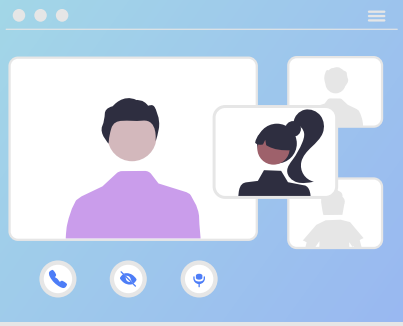
IntusCare

PACE 2023 Compliance Webinar Q&A



Q: Are appeals no longer required for impact analysis?

A: Clarification – the IA for 1P.71 was removed from the RCA/IA template list. Appeals IA for 1P.65/66/68/73 still remains. We want to add a note that it is highly unlikely that CMS would request an IA for appeals because the universe is typically very small, and the entire appeals universe would be typically reviewed during audit.

Q: Are single discipline pre-approvals still an option for missing Standard Documentation Requirements (SDRs)?

A: If the recipient of the request is able to approve it without consideration by others and it is within their license and the scope of their responsibilities without having to take it to the rest of the team. Immediate approvals must be approved by an IDT member and notification of approval must be made at that time. The same approval notification requirements apply for immediate approvals – the condition of the approval such as when the participant would expect to receive the item/service must be clearly stated in the documentation of the oral notification.

Q: If there is an initial participant who is brand new to the PACE program, a home care coordinator thinks they should have 2 hours for meal prep, but the RD doesn't feel the participant needs help with meal prepping. Does additional documentation need to be included according to the 2023 PACE Audit Protocol?

A: If it is regarding the care plan, ultimately the IDT is going to make the decision since the home care coordinator made the recommendation. Notes should be included in the care plan on how the IDT came to the decision. The documentation and assessment should incorporate the medical, physical, mental and social domain perspectives, not just whether the person is able to do meal prep. If the IDT decides the participant does not need the meal prep, the rationale must be included and documented in the care plan if the recommendation came from an initial assessment.

Q: Do background checks include drug testing?

A: Depends on the individual PACE program policy, but CMS primarily looks at criminal background checks, including the criminal sanctions of the criminal activity (i.e. drug use or the sale of drugs) which are required in the regulations.

Q: Regarding the upload of all electronic communications to a participant's EMR as a regulatory requirement, should each internal email discussing a participant (individually or 20+ other participants) between staff members be included in a daily IDT meeting agenda?

A: No, the expectation is not for every digital e-mail or internal messaging correspondence about a participant be included in the EMR, but if the communication is significant and it is impacting a decision to be made and it is not already included in an assessment or some other type of documentation, then it should be included.

Q: If a clinician recommends a service in a participant's assessment, but they decline the service (i.e., therapy), does this need to be care planned?

A: The care plan should be developed in collaboration with the participant, so if you are doing an assessment, you should not expect for them to decline your recommendation for service. If they do decline, it needs to be documented.

Q: For SDRs denials/partials-- All participants receive a written denial notice. Our practice is to attempt contact and document oral notification in all cases. If we document an attempt, but document the participant did not respond will this count? Our policy specifies there will be one attempt for oral notification.

A: The first instance could be mitigated, but if there was a trend, questions could be asked by CMS about why there was not another attempt to reach the participant. CMS may ask if there were other means of reaching the participant, such as possibly providing the oral notice when they were at the PACE center receiving services, documenting that in the EMR.

Q: What specific documentation is required for contracted skilled nursing facility (SNF) stays that involve therapy?

A: Summary notes or documentation related to the care would be expected. CMS will typically only request SNF information if they see any complaints or issues in the EMR, or if they do not see any coordination of care.

Q: Does CMS take a detailed look at each of the 30 selected participant monitoring reports for tracking of services, or do they choose from the list to take a deeper look based on the information provided?

A: CMS will probably do some sort of validation of the monitoring reports and even select some as samples. Some things to keep in mind would be if there are any participants selected that have a lot of open orders or there was an order that was not provided that would be something CMS would look or at least consider during the audit.

Q: If there is not a signed "delivery receipt" for a service or DME delivery provided, what other proof of delivery might be accepted by CMS, for example, a note in the chart that the participant verified reception?

A: Yes, a note in the participant's chart that they received the delivery would be a sufficient proof of delivery.

Q: A participant's skilled physical therapy is included in their care plan and completed. It is determined that the participant will move to restorative therapy after a quick evaluation. Should this change be added to their care plan?

A: Yes, the care plan should be updated that skilled therapy is no longer needed because the goals have been achieved and intervention has changed to maintenance therapy. How often the maintenance therapy is needed (i.e. daily or weekly) and its goal to maintain the participant's functional status should also be included. Many organizations have a way of updating the care plan to show progress of a certain intervention. An update such as this would be sufficient.

Q: Does a staff member with a Masters in Social Work need to be a licensed social worker?

A: No, the requirement is only a Masters in Social Work.

Connect with a PACE compliance expert for more info, resources, or a conversation at **info@intus.care**. Visit our website at **IntusCare.com** or **LinkedIn**.