

## **MED - Programs of All Inclusive Care for the Elderly Program Overview**

**Purpose:** Program of All Inclusive Care for the Elderly (PACE) is designed to allow members aged 55 and older enrolled in Medicaid to stay healthy and live in the community as long as possible. PACE is a seamless way of providing managed long-term care to Medicaid members.

### **Identification of Roles:**

Review Assistant (RA) – provides program support.

Review Coordinator (RC) – performs assessments and provides education to members regarding care alternatives.

Manager – provides training and oversight in the field, tracks performance standards, produces reports for Medical Services and conducts internal quality control for review decisions.

Medicaid Medical Director (MMD) – provides level of care determinations.

Clinical Assistant to the Medicaid Medical Director (CAMD) – addresses for level of care or quality of care concerns, makes medical necessity determinations and approves corrective action plan requests that include quality of care concerns.

### **Performance Standards:**

- Complete 95 percent of LOC determination for admissions within two business days of receipt of complete information.
- Complete 100 percent within five business days.
- Complete 95 percent of subsequent service reviews (SSR) within five business days of receipt of complete information.
- Complete 100 percent within ten business days..

### **Path of Business procedure:**

PACE members must live in the community and meet nursing facility (NF) level of care (LOC) in order to qualify. PACE members can continue to be eligible for PACE services if they become a resident of a medical institution.

The PACE providers receive a monthly capitated payment for members enrolled, and is responsible for ensuring that the PACE member receives any services determined necessary for their health and well being. The two Iowa PACE providers' physical addresses are:

Siouxland PACE  
313 Cook Street  
Sioux City, IA 51103  
(712) 224-7223  
1-888-722-3713 (24 hours)  
[www.siouxlandpace.org](http://www.siouxlandpace.org)

Immanuel Pathways  
1702 N. 16<sup>th</sup> Street  
Council Bluffs, IA 51501  
(712)256-4567  
[www.immanuelpathways.org](http://www.immanuelpathways.org)

The goals of the PACE program are to:

- a. Enhance the quality of life and autonomy for frail, older adults.
- b. Maximize the dignity of, and respect for, older adults.
- c. Enable frail, older adults to live in the community as long as medically and socially feasible.
- d. Preserve and support older adults' family units.

To be eligible to enroll in PACE, the member must meet NF LOC as determined by Medical Services. See criteria at the end of this procedure.

A member must also meet the following requirements:

- a. Be 55 years of age or older
- b. Reside in the service area of the PACE organization, which includes: Woodbury, Monona, Ida, Sioux, Plymouth and Cherokee counties in northwest Iowa for Siouxland PACE and Harrison, Mills and Pottawattamie counties for Immanuel Pathways PACE.
- c. Meet additional program specific eligibility conditions imposed under the PACE program agreement.

Other eligibility requirements:

- a. At the time of enrollment, the member must be able to live in a community setting without jeopardizing his or her health or safety.
- b. Services may be provided in the member's home or in the PACE center
- c. Member should agree that the PACE provider would be their sole service provider.

PACE organization guarantees access to services, but not to a specific provider.

At a minimum, the following services must be furnished at each PACE center:

- a. Physician and nursing services
- b. Medications
- c. Adult day services
- d. Transportation
- e. Durable medical equipment
- f. Rehabilitation and restorative therapies
- g. Dietary services
- h. In-home support and care
- i. Social work services
- j. Respite care
- k. Hospitalization and emergency care
- l. Nursing facility care

The PACE provider will pay for services regardless of the site where the services are provided. The interdisciplinary team must be composed of the following members:

- a. Primary care physician
- b. Registered nurse
- c. Master's level social worker
- d. Physical therapist
- e. Occupational therapist
- f. Recreational therapist or activity coordinator
- g. Dietitian
- h. PACE center manager
- i. Home care coordinator
- j. Personal care attendant or his or her representative
- k. Driver or his or her representative

Members must reside in their home at the time of enrollment; however, PACE services may be provided in the member's home, the PACE center, a hospital or a NF as time progresses.

A new LOC is not required each time there is a change of setting for the services.

Annual approval of the LOC by Medical Services is required in order for the person to continue to be eligible for the PACE program.

Members being transferred to a NF will require preadmission screening and resident review (PASRR) for the presence of mental illness, mental retardation or developmental delay. PASRR screening is federally mandated and is completed by the NF prior to the member's admission. This process of PASRR will be completed by the State of Iowa's contractor.

**Forms/Reports:**

N/A

**RFP Reference:**

6.2.6.2

6.2.6.3

**Interfaces:**

N/A

**Attachments:**

N/A

## **MED - Programs of All Inclusive Care for the Elderly Level of Care Certification Process**

**Purpose:** Medicaid members applying for the PACE program must meet NF LOC. Members must choose between the Home and Community Based Services (HCBS) waiver program or the PACE program. Members cannot receive services from both programs.

### **Identification of Roles:**

Review Assistant (RA) – provides program support.

Review Coordinator (RC) – performs assessments and provides education to members regarding care alternatives. Utilization Review staff may be reached by telephone, fax or email during regular business hours of 8:00 AM to 4:30 PM following the state holiday schedule. Voicemail boxes are secure and will be reviewed no less than twice daily. Utilization Review staff will respond to provider and member questions about the review process within one business day.

Manager – provides training and oversight in the field, tracks performance standards, produces reports for Medical Services and conducts internal quality control for review decisions.

Medicaid Medical Director (MMD) – provides level of care determinations.

### **Performance Standards:**

- Complete 95 percent of LOC determinations for admission within two days of receipt of complete information.
- Complete 100 percent within five business days.
- Complete 95 percent of LOC determinations for SSRs within five days of receipt of complete information.
- Complete 100 percent within ten business days.

### **Path of Business Procedure:**

**Step 1:** The PACE LOC certification form (470-4490) will be completed by a qualified medical professional and faxed to Medical Services at 515-725-1349. A qualified professional is a MD, DO, Physician's Assistant or Certified Nurse Practitioner.

Medicare clinical criteria and Iowa Administrative Code (IAC) rules are used for most medical necessity determinations. If Medicare and IAC rules criteria are not available or not appropriate, specific criteria may be developed by the review team, i.e., Review Coordinators, (RC) Manager, and Clinical Assistant to the Medical Director (CMAD) using evidence based guidelines and must be approved by the physician Medical Director. Peer reviewers and the Medicaid Clinical Advisory Committee (CAC) may also be involved in the development of clinical criteria. Criteria are reviewed and revised when changes are needed and no less frequently than annually.

The Department of Human Services (DHS) Assessment and Services Evaluation (ASE) criteria are utilized by the Medical Services RC to determine if the member meets the LOC based upon the information provided on the PACE LOC certification form. The ASE criteria are divided into nine areas:

1. Cognitive, mood and behavior patterns
2. Physical functioning and mobility
3. Skin condition
4. Pulmonary Status
5. Continence
6. Dressing and personal hygiene
7. Eating
8. Medications
9. Communication, hearing and vision

**Step 2:** The member must require assistance with dressing, grooming and/or bathing, in order for the RC to approve the LOC.

- a. If assistance is not needed for these functions, the case will require peer review (PR).

**Step 3:** The RC will review submitted documentation to insure that the request is complete. When the RC cannot approve the member's LOC based upon the LOC certification form, the PACE provider is contacted by telephone or email in an attempt to gather all available information regarding the member's status prior to taking the case to PR. Only information that is necessary to approve the service may be requested.

**Step 4:** The RC will make no less than two attempts three working days apart by either telephone or email to contact the provider to obtain the required information regarding the member's status. Useful information to obtain prior to PR includes:

- a. Complete medication lists
- b. Current diagnoses list
- c. Ability to drive

**Step 5:** When all available information is obtained the RC prepares the case to send to internal PR through OnBase. See Section below titled, OnBase PR process.

**Step 6:** The RA and/or RC will review submitted documentation to insure that the request is complete.

**Step 7:** The RA and/or RC will complete a request for additional information if needed. The RAs do not make clinical decisions or complete clinical interpretation of information.

## **MED - Programs of All Inclusive Care for the Elderly Physician Review Process**

**Purpose:** The purpose of this process is to allow completion of PR for PACE SSRs through the OnBase program. This process expedites PR by eliminating the need to schedule and complete PR PACE SSRs by telephone.

### **Identification of Roles:**

Review Coordinator (RC) – performs assessments and provides education to members regarding care alternatives.

Medicaid Medical Director (MMD) – provides level of care determinations.

Clinical Assistant to the Medicaid Medical Director (CAMD) – reviews for level of care or quality of care concerns, makes medical necessity determinations, and approves corrective action plan requests that include quality of care concerns.

### **Performance Standards:**

- Complete 95 percent of LOC determinations for admission within two days of receipt of complete information.
- Complete 100 percent within five business days.
- Complete 95 percent of LOC determinations for SSRs within five days of receipt of complete information.
- Complete 100 percent within ten business days.

### **Path of Business Procedure:**

**Step 1:** The determination has been made by the RC that peer review is required.

**Step 2:** The RC will complete an MD router for each case to be sent for peer review..

- a. Field staff RC will locate the MD router found in LTC share drive.
- b. Enter all data fields and identifiers. Enter information regarding the member's functional assessment and physical needs.
- c. When the MD router document is completed, save the new document to your desktop.
- d. In-house staff will utilize the OnBase system with the Create Letter Task to create the MD router, save the changes and then send the case to internal PR same below.

**Step 3:** For the Field staff on Thin Client OnBase, The MD router must be sent to the internal PR via OnBase. .

- a. To send to PR, click on the down arrow next to Document.
- b. Click on Workflow.
- c. Click on + next to MED04 LTC.
- d. Click on MED04 Review.
- e. This will open the RC certification form queue.
- f. Click on the member's name to open level of care certification form which is the primary document. Check to see that the imported second document, MD router, is attached to the primary document.

- g. Both in House and Field staff will click on Send to Consultant task on OnBase. A box will appear with the question if you are sure you want to send to consultant-click on Yes.
  1. A box will appear with the External or Internal consultant option.
- h. Click on Internal.
  1. A drop down box will appear to select the physician reviewer-click on the appropriate name.
  2. Then click on Save.
    - i. This will send the documents to the selected physician reviewer.

**Step 4:** When the PR process has been completed, the PR will send the document back to the RC queue MED04 Back from Phys/Cons.

- a. It is the RC's responsibility to monitor for the return of the review daily.
- b. RC will complete the approval/denial documentation of the outcome of the PR as required on the PR tab of MQUIDS and complete ISIS. PACE will be notified of the outcome of the review via Individualized Services Information System (ISIS).
- c. Click on the appropriate option to Approve or Denied in the OnBase queue window. Complete the review type, program, and level of care as appropriate.

Only PRs make denial decisions. Denial decisions are completed in writing by letter. PRs include licensed health care professions in the same category as the attending provider. Denials made by the CAMD will be reviewed by the MMD. Notice of the availability of the peer to peer conversation is included in the letter. The manager will arrange for the peer to peer conversation within one business day of the request unless there are extenuating circumstances outside of Medical Services' control. Notice of the availability of the peer-to-peer conversation is included on the IME website <http://www.ime.state.ia.us>

On ISIS, SSR denials will be dated 15 days from the date of the physician review to allow for timely notice and discharge planning for the member by the PACE organization. URAC standards of completion within 15 days will be followed.

Approval decisions are made in writing through ISIS and sent to the Income Maintenance Worker (IMW) and the PACE provider reviewer. Members and/or attending physicians do not receive written notice of an approval; however, they will receive written notice upon request.

The member and PACE program are notified of denial decisions from the IMW via Notice of Action (NOA).

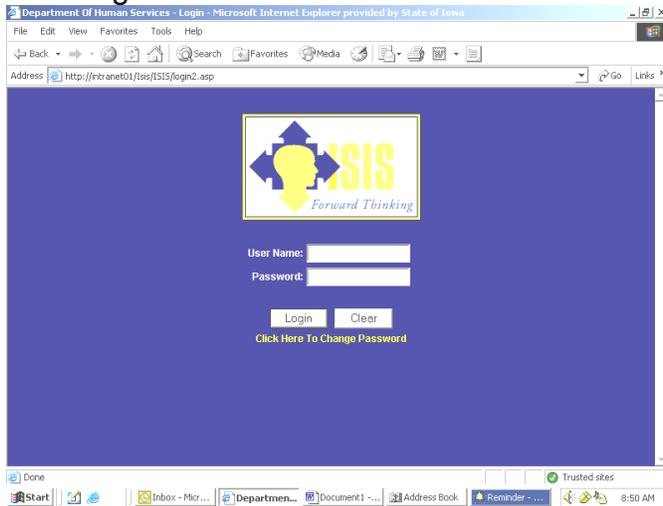
**Step 5:** Approval decisions may be reversed if additional information is received that contraindicates continued approval. A full LOC review will occur in these cases. The review information would be updated in Medicaid Quality Information Data System (MQUIDS) and a LOC milestone requested in ISIS.

Urgent requests for services will be reviewed, a decision rendered, and communicated in no less than 72 hours from receipt of the request. A request is urgent if the situation poses an immediate threat to the health and safety of the Medicaid member or if the attending physician, member or family member indicates that the need is urgent. This time frame

includes holidays and weekends. When an urgent request is received, the RC will confer with manager and log the request on the spreadsheet located at MedSrv/Urgent Requests/Urgent Request Tracking. See detailed procedure in Administrative Functions Procedures.

**Step 11:** Following PR, the member, attending physician and PACE organization are notified of the LOC review determination through ISIS.

### ISIS Log on Screen



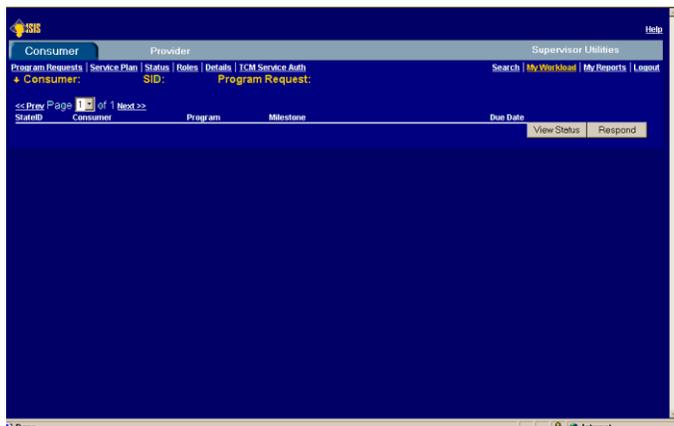
**Step 6:** The RC will review the ISIS workload page daily. Current workload is found by clicking on Consumer Tab and then My Workload

- a. The workload screen indicates what milestones are due that day for the RC to respond to for members.

**Step 7:** The RC will click on view status to review the activity for each member.

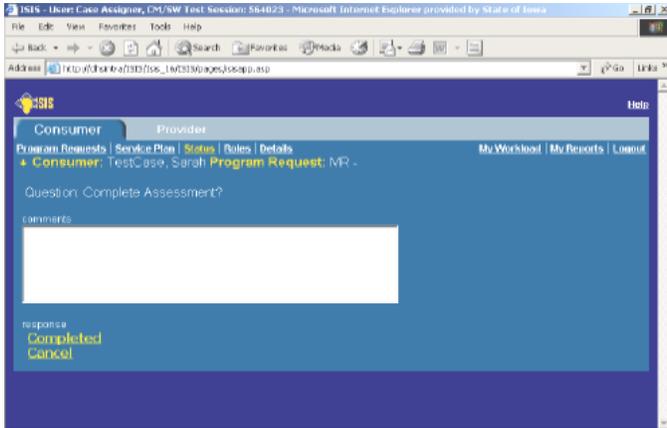
**Step 8:** The RC will have the ability to review previously completed activity by the DHS worker.

**Step 9:** The RC will click the respond button and data enter response.



- a. Fields on the Determine Assessment Status Screen include:
  - 1. Comments section allows text entry of information that will be useful to others who will be involved in the case.
  - 2. Assessment Completed.
  - 3. Assessment Received but Need More Information: Select when additional information is required to complete assessment.

### ISIS Consumer Assessment Status Screen

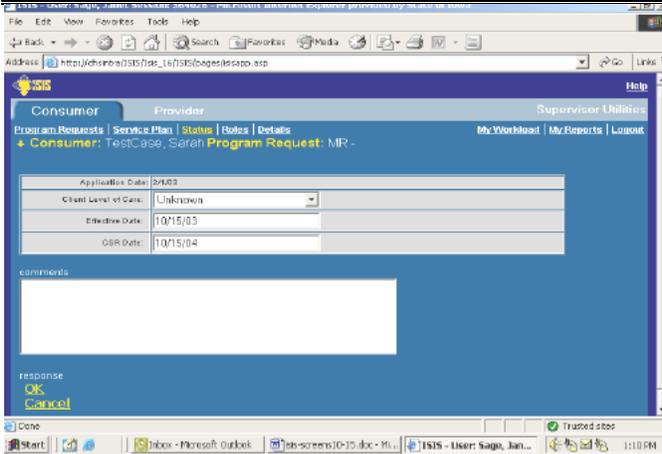


**Step 10:** From the WORKLOAD screen, RC will select LOC key task milestone and click on respond button to access the Level of Care screen that follows.

**Step 11:** The RC will enter the LOC along with an effective date and a date for a subsequent service review. The fields for the LOC screen include:

- a. Client LOC: select the correct LOC from the pull down menu.
  - 1. Note that the choice of denied means the member does not meet any of the level of care.
  - 2. If after a reconsideration or appeal, the denial is reversed the responses will need to be removed by using the undo feature on the STATUS page.
- b. Effective Date: Enter the date the LOC becomes effective.
- c. SSR Date: Enter the date chosen for the subsequent service review. If an entry is not made, the SSR Date will default to one year after the entered Effective Date.
- d. Comments: Allows text entry of information that will be useful to others who will be involved in processing this case.
- e. OK Response: Submits answers chosen above.
- f. Cancel Response: Postpones the response.

Iowa Department of Human Services  
Iowa Medicaid Enterprise (IME)  
Medical Services Unit



**Step 12:** Members meeting LOC for PACE services will be authorized for a period of one year.

**Step 13:** For a SSR review, go into ISIS and click on the Initiate LOC button at the end of the program request line in order to generate a LOC milestone for you to respond.

## Forms/Reports:

Iowa Department of Human Services  
**Level of Care Certification for PACE Program**

<b>Attn: Medical Professional</b>			
<b>Please fax this form to:</b> Iowa Medicaid Enterprise Medical Services (515) 725-1349 and send a copy to the admitting PACE program.			
Today's Date	Iowa Medicaid Member Name	Social Security Number or State ID #	Birth Date

**Medical Professional**

Name	Telephone Number with Area Code
Address	

**Admit to:**     PACE Program                      Admit date: \_\_\_\_\_

Name of PACE provider	Telephone Number with Area Code
Address	
Diagnoses (please list):	Medications (include dose and frequency): <i>May Attach H and P or full med list</i>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	7.

Have alternatives to the PACE program been discussed with the individual? (check one):     Yes                                       No

**Level of care criteria:** Under the Criterion section, check all criteria for which the individual requires assistance; and circle the highest level of intervention needed and /or all that apply. In the Behaviors section, check all applicable descriptions.

<p><b>Criterion:</b></p> <p><input type="checkbox"/> Impaired cognitive decision making</p> <p><input type="checkbox"/> Therapy (PT, OT, Speech)</p> <p><input type="checkbox"/> Medications (requires set up, requires administration)</p> <p><input type="checkbox"/> Medications (daily IV, daily IM)</p> <p><input type="checkbox"/> Ambulation (cane, walker, wheelchair, bed bound)</p> <p><input type="checkbox"/> Skin (ulcer, open wound)</p> <p><input type="checkbox"/> Respiratory (dyspnea with exertion, SOB, O2 dependent, trache)</p> <p><input type="checkbox"/> Incontinence (bowel, bladder)</p> <p><input type="checkbox"/> Needs assistance with (dressing, bathing, grooming)</p> <p><input type="checkbox"/> Nutrition (recent weight loss, tube feedings, obesity)</p> <p>Please attach additional medical or behavioral information onto this form.</p>	<p><b>Behaviors:</b></p> <p><input type="checkbox"/> Aggressive toward others</p> <p><input type="checkbox"/> Disruptive</p> <p><input type="checkbox"/> Wandering</p> <p><input type="checkbox"/> Noncompliant</p> <p><input type="checkbox"/> Sexually-inappropriate</p> <p><input type="checkbox"/> Psychosocial (depression, anxiety)</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No behavioral concerns.</p>
<b>Eligibility: Check as applicable:</b>	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Dual Medical/Medicare
<input type="checkbox"/> Medicare	<input type="checkbox"/> Veteran's Assistance
Signature of Health Care Professional: MD, DO, ARNP or PA                      Date	

### Instructions for Level of Care Certification for PACE Program

**Purpose:** Form 470-4490, *Level of Care Certification for PACE Program*, provides a mechanism for a medical professional (MD/DO/ARNP/PA) to report level of care needs for a Medicaid member's admission or change in condition for level of care. *Please note: It will be important that the medical professional ensures that the "Admit to" section is complete in addition to the "Level of care criteria" section.*

**Source:** This form is available on the DHS web site under Provider Forms.

**Completion:** A provider (MD/DO/ARNP/PA) must complete the form when:

- ◆ Medicaid member is going to be admitted to a PACE program.
- ◆ Medicaid member has a significant change in condition.

For new admissions, the form must be completed by a medical professional that is not employed, under contract or otherwise associated with the PACE program.

**Distribution:** Providers fax the certification for level of care form to the IME Medical Services Unit (515-725-1349) and provide a copy to the enrolling PACE organization.

**The form may be faxed by the medical professional completing the form or by others involved in assisting in arranging the services (i.e., PACE case manager or family member). The IME Medical Services Unit will make a level of care determination upon receipt of the form.**

**Data:** **Today's Date:** The actual date the form is completed (MM/DD/YY).

**Iowa Medicaid Member Name:** The Medicaid member's first, middle initial and last name as it appears on the eligibility card.

**Social Security Number or State ID #:** The member's social security number or state ID number as it appears on the eligibility card.

**Birth Date:** The Medicaid member's birth date (MM/DD/YY).

#### Medical Professional Section

**Name, Telephone Number with Area Code, and Address:** The medical professional specific information of who is filling out the form.

**Admit to:** The PACE program for level of care certification.

**Admit date:** The actual date of admission to the PACE program (MM/DD/YY).

#### PACE Program Section

**Name, Telephone Number with Area Code, and Address:** The specific information related to the PACE program.

**Diagnoses and Medications:** The member specific health information related to diagnoses and medications.

**Options discussion regarding alternatives to PACE program:** Indicate whether the options discussion regarding alternatives has or has not taken place.

**Level of care criteria:** All reasons, which apply for admission, significant change in condition or subsequent service in a PACE program, as well as additional comments the medical professional may want/need to add.

**Signature with Title of Medical Professional MD/DO/PA/ARNP:** Signature of the medical professional completing the form.

**RFP Reference:**

6.2.6.2.

6.2.6.3.

**Interfaces:**

ISIS

**Attachments:**

N/A

**MED - Programs of All Inclusive Care for the Elderly Level of Care  
Medicaid Quality Utilization Information Data System (MQUIDS) Update**

**Purpose:** Medical Services documents review outcomes within our data system MQUIDS. Data is used for clinical and timeliness reporting..

**Identification of Roles:**

Review Assistant (RA) – provides program support.

Review Coordinator (RC) – documents case information in MQUIDS.

Manager – tracks performance standards through MQUIDS reports and reviews documentation for quality.

Medicaid Medical Director (MMD) – provides level of care determinations.

**Performance Standards:**

- Complete 95 percent of LOC determinations for admission within two days of receipt of complete information.
- Complete 100 percent within five business days.
- Complete 95 percent of LOC determinations for SSR within five days of receipt of complete information.
- Complete 100 percent within ten business days.

**Path of Business Procedure:**

**Step 1:** The RC will data enter results into MQUIDS by the second working day after the completion of the admission review and within five working days of completion of the SSR assessment.

**Step 2:** The RC, RA and/or Manager will refer to the MQUIDS User Guide located at MedSrv:drive/CaseNet/User Guides and Desk Guides Folder.doc to complete data entry for each review into the MQUIDS system.

- a. This User Guide is intended for the LTC Facility review team to utilize as a reference while conducting Medical Services Reviews.

**Step 3:** If the RC is not able to approve the LOC based upon the information received then the RC will document in comments the dates and information received by the PACE provider to support the LOC.

**Step 4:** If RC still is not able to approve, then all available information is taken to PR.

**Forms/Reports:**

N/A

**RFP Reference:**

6.2.6.2

6.2.6.3.

**Interfaces:**

MQUIDS

**Attachments:**

N/A

**MED - Programs of All-inclusive Care for the Elderly Annual Level of Care Determinations**

**Purpose:** Medical Services will determine whether or not NF LOC continues to be met.

**Identification of Roles:**

Review Assistant (RA) – provides program support.

Review Coordinator (RC) – performs assessments and provides education to members regarding care alternatives.

Manager – provides training and oversight in the field, tracks performance standards, produces reports for Medical Services and conducts internal quality control for review decisions.

Medicaid Medical Director (MMD) – provides level of care determinations.

**Performance Standards:**

- Complete 95 percent of LOC determinations for admission within two days of receipt of complete information.
- Complete 100 percent within five business days.
- Complete 95 percent of LOC determinations for SSR within five days of receipt of complete information.
- Complete 100 percent within ten business days.

## **Path of Business Procedure:**

**Step 1:** The PACE provider will complete an annual LOC assessment for all PACE enrollees using LOC Certification for PACE Program Form 470-4490.

**Step 2:** Code of Federal Regulations (CFR) 460.158 b(2) requires Medical Services evaluate the participant for deemed continued eligibility. This means “If the State administering agency determines that a PACE participant no longer meets the State Medical nursing facility level of care requirements, the participant may be deemed to continue to be eligible for the PACE program until the next annual reevaluation, if, in the absence of continued coverage under this program, the participant reasonably would be expected to meet the nursing facility level of care requirement within the next 6 months.”

- The CFR requires Medical Services to request the PACE program to send to us a current plan of care, medical records such as patient care attendant notes, nursing notes, and any documentation from the interdisciplinary team pertinent to showing the care and services being provided to the all participants being considered for subsequent service review.

**Step 3:** The following specific deemed eligibility criteria must be considered by the RC when determining if a member may meet criteria for an annual LOC review:

- Family involvement
- Recent or upcoming scheduled surgical procedure
- Does the participant drive?
- Do they need assistance with medications such as insulin administration or take oral medications with a history of noncompliance?
- History of skin breakdown.
- Respiratory needs, such as the use of oxygen or nebulizers.
- Colostomy or other type of stoma
- Chronic diagnoses not well controlled
- Need for restorative, no maintenance, physical or occupational therapy.
- History of self-neglect
- Lives alone
- Waiver based upon diagnoses where there would be no reasonable expectation of improvement in individuals with these diagnoses, nor would there be expectation that function capacity would be regained.
  - Any dementia
  - Renal failure, on dialysis
  - Multiple sclerosis
  - Cardiomyopathy
  - Primary liver cirrhosis
  - Any participant who has already passed one annual reassessment.
  - A participant who had shown no significant improvement in the previous year while receiving PACE services.

**Step 4:** After completing a continued NF LOC review, if the RC determines that the PACE enrollee does not meet LOC, the RC will refer the LOC determination to a PR the same as in the initial admission review section.

- a. Annual reviews will be completed by contractual obligation within five days of receipt of complete review information.

**Step 5:** The PR will examine the enrollee's medical record, the plan of care; and apply professional standards of practice to determine if the PACE participant, in the absence of continued coverage under this program, would be reasonably expected to meet the NF LOC requirement within the next six months. If the person would meet deemed eligibility, they will be approved. Questions can be directed to the manager.

**Forms/Reports:**

N/A

**RFP Reference:**

6.2.6.2

6.2.6.3.

**Interfaces:**

MQUIDS

**Attachments:**

N/A

## **MED - Programs of All-inclusive Care for the Elderly Appeals for Level of Care Determinations**

**Purpose:** A Medicaid member who disagrees with a Medicaid decision regarding Medicaid services has the right to appeal within 30 days of the date of the notice of decision letter by contacting the local DHS office, by writing a letter to DHS Appeals Section or by filing on line at [http://www.dhs.state.ia.us/dhs/appeals/appeal\\_decision.html](http://www.dhs.state.ia.us/dhs/appeals/appeal_decision.html).

The notice of decision letter contains instruction on how to request an appeal. Medical Services provides testimony for assigned appeal hearings.

**Identification of Roles:**

Review Assistant (RA) – complies and distributes appeal packets, maintain appeal schedules..

Review Coordinator (RC) – performs assessments and provides education to members regarding care alternatives and writes appeal summaries outlining the outcome of the LOC review process.

Manager – provides training and oversight in the field, tracks performance standards, produces reports for medical services, conducts internal quality control for review decisions, and provides expert testimony at appeal hearings.

**Performance Standards:**

- Performance standards are not specified for this procedure.

**Path of Business Procedure:** For specific operational procedures related to appeals completed by Medical Services on behalf of DHS, see Med Srv Policy Support Appeals at IME Universal/Operational Procedures/Medical Services.

**Step 1:** The RA will record the appeal outcome information in MQUIDS on the bottom of the PR tab:

- a. Name of the judge
- b. Date of the decision
- c. Outcome of the appeal with any notes pertinent to the case

**Step 2:** The RA will forward the medical record and the Administrative Law Judge Appeal (ALJ) outcome to the manager who will notify the RC by e-mail of outcome of the hearing and RC will update.

**Step 3:** The RC will update ISIS, if needed.

**Step 4:** After the hearing Department of Inspections and appeals (DIA) sends out a letter of decision to all participants.

**Step 5:** The RA documents the results of the hearing in MQUIDS.

**Step 6:** The RA will forward the outcome to the manager.

**Step 7:** The manager will notify the RC by email of hearing outcome.

**Step 8:** The RC will update ISIS if needed.

## **MED – Programs of All-inclusive Care for the Elderly Unannounced Annual onsite for Survey of Staff and Participants.**

**Purpose:** Conduct an unannounced visit annually with each of the PACE programs within the State of Iowa to survey PACE participants and staff members. The intent of the random visit is to interview participants regarding the quality of the PACE services received and to allow staff the opportunity to rate their job preparedness and satisfaction. The onsite review team consisted of three registered nurses. Based upon demographics, the IME statistician will determine a valid sample size which will include surveys and interviews for these participant groups living independently in community homes, living in nursing facilities, and/or living in assisted living facilities.

**Step 1:** Approximately 4-6 weeks prior to the unannounced visit, the Manager will email the PACE site to be visited and request a list of all active participants including their addresses, type of residence, and telephone numbers.

**Step 2:** The manager will provide the demographics to the IME statistician who will determine the total survey sampling size for participants as well as the detail of the numbers to be surveyed and interviewed in each of the settings of residence.

**Step 3:** Survey questions for participants and staff will be developed by Medical Services and provided to the DHS Policy Specialist and Medical Services statistician for feedback.

**Step 4:** Finalized surveys will be prepared and printed by the Review Assistant for the onsite.

**Step 5:** The survey team will analyze and prepare a plan of visits to nursing facilities, the PACE day center, and assisted living facilities to make the onsite visit and travel time between surveys the most time efficient as possible.

**Step 6:** The medical Services survey team will arrive at the PACE center by 8:15 on the first morning of the survey. The manager will attend the PACE team's morning meeting, which is normally first thing each morning. Staff surveys and instructions will be distributed at the morning meeting for completion. (A large envelope, clearly marked for surveys, located at the PACE receptionist desk, is an excellent place for the staff to turn in their surveys, while maintaining their privacy.)

**Step 7:** The RC will distribute survey, interview work, and begin the participant surveys.

**Step 8:** The manager will compile the survey outcomes utilizing a tabulation sheet on a laptop.

**Step 9:** At the completion of the required surveys, the manager will compile a brief exit conference for the preliminary outcomes of the surveys.

**Step 10:** When the manager returns to IME, they will complete a report of the outcomes of the survey questions and responses. The final report will be proofed by the Director then go to the DHS Policy Specialist before being emailed to the PACE program. According to DHS Policy Specialist's direction, any survey question response receiving less than 70% positive response must be included in the PACE Quality Assessment and Performance Improvement (QAPI) plan and included in a corrective action plan (CAP) with responses from the PACE program expected within three months from the date of receipt of the final survey outcome report.

Examples of Survey questions included in the Forms/Report section.

## Forms/Reports:

### Medical Services-Long Term Care Case Summary

#### Appeal Summary for \_\_\_\_\_, State ID \_\_\_\_\_

On date LOC from submitted, Iowa Medicaid Enterprise (IME), Medical Services received a request for approval of intermediate (nursing facility) level of care on behalf of Members full name. The level of care request is necessary to secure NF services for Members name. The information submitted did not support approval of What level of care requested level of care for Continued or admission participation in the NF program.

The last review was completed on Date of last review if it is a CSR - delete if admit. IME Medical Services was informed member name required why were they approved last year. All of the information submitted has indicated he/she is able to complete his/her own personal cares without supervision, cueing, or prompting and any other info that helps appeal like driving, working, etc

The level of care form (D1) was completed by Dr's name and submitted for review. The information provided by Dr's name indicated Member's name is an age in years-year-old gender who List here what the certification form shows The diagnoses at the time of the review were submitted for review and are included in Exhibit D.

Throughout the course of the review, the office of attending provider, Dr's name, and the NF were contacted to discuss the information submitted during the review process and were given the opportunity to submit additional information. Dr's name nurse reported Describe all the things you learned from the Dr. office here in a clear and well written manner

Information was submitted from Here is what you describe any information you obtained from other providers.

IME Medical Services gathers information related to the criteria from a members' physician or other providers at the time of the eligibility review. The review is initially conducted by a nurse reviewer who may approve if the member requires daily supervision or prompting with both bathing and dressing.

The criteria used by Medical Services are physician-developed criteria and are approved by the Department of Human Services. The criteria for nursing facility level of care indicates nursing facility level of care can be approved if the member requires at a minimum daily supervision or prompting with both dressing and personal hygiene; i.e., criterion number six. This would need to be provided on a daily basis by the physical assistance of at least one person for dressing and personal hygiene. If the member does not meet criterion in number six, the case must be referred to a physician reviewer for a level of care determination. There was no evidence provided that indicated this member met criteria for nursing facility level of care.

If the nurse reviewer is unable to match a member's functional ability to the criteria, the review is submitted to a physician reviewer for a level of care determination. The physician relies on medical expertise and judgment to determine the medical necessity of approving a member to receive NF services. Medical eligibility for NF/waiver services shall be consistent with the diagnosis and treatment of the members condition, be in accordance with standards of good medical practice, be required to meet the medical need of the patient and be for reasons other than the convenience of the patient or the patient's practitioner or caregiver, and be the least costly type of service which would reasonably meet the medical need of the patient.<sup>i</sup> Services must be needed on a daily basis.<sup>ii</sup>

What is Nursing Facility level of care? A nursing facility means an institution or a distinct part of an institution housing, which is primarily engaged in providing health-related care and services, including rehabilitative services, but which is not engaged primarily in providing treatment or care for mental illness or mental retardation.<sup>iii</sup> Nursing Facility level of care is provided for those who have the presence of a physical or mental impairment which restricts the ability to perform the essential activities of daily living; bathing, dressing, and personal hygiene and impedes the capacity to live independently. The member's physical or mental impairment is such that self-execution of the required nursing care is improbable or impossible. Therefore, the member would require nursing facility placement to perform the health-related services.

Physician review was completed by Copy in PR credentials

The nurse reviewer submitted the case information to PR name for a medical necessity determination on How many times did it go to PR occasions. The physician reviewer did not approve the level of care for Members name based on the following rationale:

- The level of care form and further conversations with Dr. Name nurse, and information from other providers and the case manager, indicate the member List PR rationale here. Each rationale should have new point.

The focus of the level of care review is to determine if Members name limitations rise to the level at which he/she would require nursing facility placement. All documentation and information obtained during the review process indicates Members name is independent with his/her personal cares. Member name did not meet the criteria requiring assistance with both bathing and dressing. There was no indication that he/she has physical care needs as such that self-execution of the required nursing care is improbable or impossible. In addition, Member name did not meet the medical necessity determination for nursing facility level of care. Mr./Ms. member last name care needs can be met at a lower level of care or by other programs that may be available to him/her.

<sup>1</sup> Iowa Administrative Code 441-79.9(2)

<sup>2</sup> Iowa Code 135C.1(13); Iowa Administrative Code 441-81.1; Sec. 1919. [42 U.S.C. 1396r]; 42 CFR 440.40

<b>Element</b>	<b>Deficiency Documentation</b>	<b>Corrective Action Required Documentation</b>	<b>Corrective Action Plan</b>	<b>IME Conclusions and Recommendations</b>
	<p>[Include description of observed deficiencies (if any), including specific details (location, time, number of samples, etc.) substantiating the deficiency. If PO corrects deficiency, document it in this section, include manual, regulatory citation.]</p>	<p>[A narrative paragraph(s) specifying the Corrective Action Required, if any, to address the observed deficiency, including content, methodology, manual or regulatory citation, and reporting timeframe. If deficiency is corrected, document the correction in this space.]</p>		

**Examples of Survey questions:**

**PACE Participant Survey**

Questions	5=Very Satisfied, 4= Mostly Satisfied, 3= Neutral, 2= Somewhat Dissatisfied, 1= Not Satisfied at all, N/A= not applicable	Comments																																										
1. How would you rank your overall satisfaction with the services you receive?	<table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	5	4	3	2	1	N/A																																					
5	4	3	2	1	N/A																																							
2. Rate transportation services provided by PACE; example are they reliable and prompt?	<table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	5	4	3	2	1	N/A																																					
5	4	3	2	1	N/A																																							
3. Rate the meals you receive from PACE.	<table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	5	4	3	2	1	N/A																																					
5	4	3	2	1	N/A																																							
4. How would you describe your knowledge of filing a complaint with PACE if you have one?	<table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	5	4	3	2	1	N/A																																					
5	4	3	2	1	N/A																																							
5. Rate your ability to have a say in your health care goals and plan of treatment?	<table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	5	4	3	2	1	N/A																																					
5	4	3	2	1	N/A																																							
6. Rate your satisfaction with the staff's response time to your phone calls.	<table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	5	4	3	2	1	N/A																																					
5	4	3	2	1	N/A																																							
7. What is your level of satisfaction with the activities and events at the Day Center?	<table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	5	4	3	2	1	N/A																																					
5	4	3	2	1	N/A																																							
<p>8. Do you feel your quality of life has improved because of the PACE program?</p> <p>Observations of the participant's surroundings if surveyed in home environment</p> <p>Any safety concerns?</p> <p>Walkways clear of obstacles?</p> <p>Fire hazards?</p> <p>Functioning telephone with emergency numbers easily found?</p> <p>Wearing personal emergency response device, if applicable</p>	<table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1"> <tr><td>Yes</td><td>No</td><td>N/A</td></tr> <tr><td></td><td></td><td></td></tr> </table>	5	4	3	2	1	N/A							Yes	No	N/A				Yes	No	N/A				Yes	No	N/A				Yes	No	N/A				Yes	No	N/A				
5	4	3	2	1	N/A																																							
Yes	No	N/A																																										
Yes	No	N/A																																										
Yes	No	N/A																																										
Yes	No	N/A																																										
Yes	No	N/A																																										

**Other comments:**

**PACE Staff Survey**

Position:

Years in Position:

**IF EMPLOYED FOR SIX MONTHS OR MORE, SKIP TO QUESTIONS 5-10 ONLY.**

Questions	5=Very Satisfied, 4= Mostly Satisfied, 3= Neutral, 2= Somewhat Dissatisfied, 1= Not Satisfied at all, N/A not applicable	Comments																																																
1. Describe your level of satisfaction with the orientation process you received.	<table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	5	4	3	2	1	N/A																																											
5	4	3	2	1	N/A																																													
2. Rate the skills and competency testing which you have had or are in the process of completing.	<table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	5	4	3	2	1	N/A																																											
5	4	3	2	1	N/A																																													
3. Was the orientation period for your position adequate to meet your needs?	<table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	5	4	3	2	1	N/A																																											
5	4	3	2	1	N/A																																													
4. Describe your satisfaction with training. <ul style="list-style-type: none"> <li>• Universal precautions/Biohazard</li> <li>• Emergency response protocols for participants with medical problems,</li> <li>• Tornado/disaster drills</li> <li>• Fire drills</li> </ul>	<table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	5	4	3	2	1	N/A							5	4	3	2	1	N/A							5	4	3	2	1	N/A							5	4	3	2	1	N/A							
5	4	3	2	1	N/A																																													
5	4	3	2	1	N/A																																													
5	4	3	2	1	N/A																																													
5	4	3	2	1	N/A																																													
5. Describe your level of satisfaction with the job you perform.	<table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	5	4	3	2	1	N/A																																											
5	4	3	2	1	N/A																																													
6. How satisfied are you with your ability to have input into the participant's care plan.	<table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	5	4	3	2	1	N/A																																											
5	4	3	2	1	N/A																																													
7. Describe your level of satisfaction with ongoing educational opportunities	<table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	5	4	3	2	1	N/A																																											
5	4	3	2	1	N/A																																													
8. Rate your perception of the strength of the PACE staff	<table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	5	4	3	2	1	N/A																																											
5	4	3	2	1	N/A																																													
9. Do you feel your feedback and observations are validated and taken seriously by your supervisor.	<table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	5	4	3	2	1	N/A																																											
5	4	3	2	1	N/A																																													
10. Rate your perception of the strength of your Leadership Team	<table border="1"> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>N/A</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	5	4	3	2	1	N/A																																											
5	4	3	2	1	N/A																																													

**RFP Reference:**

6.2.6.2

6.2.6.3

**Interfaces:**

Department of Inspections and Appeals

ISIS

OnBase

**Attachments:**

N/A

**MED - Programs of All-inclusive Care for the Elderly Types of Member Disenrollment**

**Purpose:** Medicaid members may be voluntarily or involuntarily disenrolled from the PACE program at any time.

**Identification of Roles:**

Review Assistant (RA) – provides program support.

Review Coordinator (RC) – performs assessments and provides education to members regarding care alternatives.

Manager – provides training and oversight in the field, tracks performance standards, produces reports for medical services, conducts internal quality control for review decisions, provides clinical expertise to DHS policy person when discussing possible disenrollment situations with the PACE providers.

Medicaid Medical Director (MMD) – provides LOC determinations if required during discussion of disenrollment process.

**Performance Standards:**

- Performance standards are not specified for this procedure.

**Path of Business Procedure:**

Enrollee Death

The effective date of PACE Medicaid cancellation shall be the date of death.

Enrollee Voluntary Disenrollment

Enrollees may voluntarily disenroll at any time. The effective date of PACE Medicaid cancellation shall be the Medicaid timely notice date.

### **Enrollee Involuntary Disenrollment**

A PACE enrollee may be involuntarily disenrolled for the following reasons:

- a. Failure to pay, if they have client participation.
- b. Disruptive or threatening behavior.
- c. Behavior that jeopardizes the enrollee's health or safety, or the safety of others.
- d. Consistent refusal by the enrollee to comply with the enrollee's individual plan of care or the terms of the PACE Enrollment Agreement when the enrollee has decision making capacity.
- e. Enrollee moves out of the PACE service delivery area.
- f. Enrollee no longer meets the nursing facility level of care requirement and is not eligible for deemed continued eligibility.
- g. PACE organization cannot provide the required services due to loss of licensure or contracts with outside providers.

### **Involuntary Disenrollment Process**

**Step 1:** The PACE provider will contact the DHS Policy Specialist and the Medical Services manager to schedule a telephonic meeting to discuss a potential concern and disenrollment due to one of the aforementioned situations.

**Step 2:** During the pre-scheduled phone conference, the PACE provider will review the details of the situation in question.

**Step 3:** The DHS Policy Specialist will refer to the Federal Regulations for governing rules regarding involuntary disenrollment.

**Step 4:** During the discussion, Medical Services will address any clinical questions and offer suggestions and possible alternatives to the Policy Specialist and the PACE providers.

**Step 5:** The final decision regarding allowing involuntary disenrollment from the PACE program belongs to the DHS Policy Specialist with any clinical input from Medical Services.

The effective date of PACE Medicaid cancellation shall be the Medicaid timely notice date.

### **RFP Reference:**

6.2.6.2

6.2.6.3

### **Interfaces:**

N/A

### **Attachments:**

N/A

## **MED - Programs of All-inclusive Care for the Elderly Types of Provider Disenrollment of Members**

**Purpose:** The PACE providers may disenroll a member with approval by DHS.

### **Identification of Roles:**

Review Assistant (RA) – provides program support.

Review Coordinator (RC) – performs assessments and provides education to members regarding care alternatives.

Manager – provides training and oversight in the field, tracks performance standards, produces reports for medical services, conducts internal quality control for review decisions, and provides clinical expertise to DHS policy person when discussing possible disenrollment situations with the PACE providers.

Medicaid Medical Director (MMD) – provides level of care determinations if required during discussion of disenrollment process.

### **Performance Standards:**

- Performance standards are not specified for this procedure.

### **Path of Business Procedure:**

#### PACE Provider Disenrollment

A PACE provider cannot disenroll a member without prior approval from DHS. If DHS approves disenrollment, the effective date of PACE Medicaid cancellation shall be the Medicaid timely notice date.

PACE Programs are expected to enroll any interested referral that meets financial and functional eligibility. Per our contract between the State of Iowa and Siouxland PACE, there are circumstances that all Siouxland PACE to request a *non-enrollment* regardless of functional or financial eligibility. After assessment, a request for non-enrollment will be forwarded to the State as appropriate.

To provide structure to the process when a team feels a participant is unable to safely live in the community while enrolled in Siouxland PACE:

**Step 1:** After completing the assessment process the PACE team decides if the referral meets the non-enrollment criteria. Med Srv completes a PR of all documentation provided from the PACE provider regarding LOC and all living circumstances.

- a. For Medicaid members, PR outcome information is provided to the PACE organization through ISIS.
- b. For private pay or Medicare recipients, the PACE provider is notified via email of the PR outcome.

- i. If the LOC is denied the manager fills out the PACE Request Form for Non-Enrollment or Involuntary Disenrollment.
- ii. The Manager writes a letter requesting non-enrollment from DHS.
- iii. The letter states the reason for non-enrollment and supporting documentation for the non-enrollment request.
- iv. A copy of the letter is forwarded to the Chief Operating Officer.
  - a. If DHS approves the request for non-enrollment then the PACE Enrollment Specialist will send a letter to the potential participant informing them that they do not meet enrollment criteria and of their right to appeal.
  - b. If DHS denies the request for non-enrollment, the team will enroll the participant and initiate the Plan of Care.

### **Forms/Reports:**

N/A

### **RFP Reference:**

6.2.6.2

6.2.6.3

### **Interfaces:**

### **Attachments:**

N/A

## **MED - Programs of All-inclusive Care for the Elderly Onsite Quality of Care Reviews**

**Purpose:** A PACE organization's quality assessment and performance improvement program will be reviewed onsite annually by Centers for Medicare and Medicaid Services (CMS) and must include, but is not limited to, the use of objective measures to demonstrate improved performance with regard to the following:

- Utilization of PACE services, such as decreased inpatient hospitalizations and emergency room visits.
- Caregiver and participant satisfaction. The quality improvement coordinator must encourage a PACE participant and his or her caregivers to be involved in quality assessment and performance improvement activities, including providing information about their satisfaction with services.
- Medical Services will perform an annual unannounced satisfaction survey onsite with each PACE organization. The survey will be completed on a statistically valid sample of PACE participants as well as staff members.
- Outcome measures that are derived from data collected during assessments, including data on the following:
  - Physiological well being
  - Functional status
  - Cognitive ability

- Social and/or behavioral functioning
- Quality of life of participants
  
- Effectiveness and safety of staff-provided and contracted services, including the following:
  - Competency of clinical staff
  - Promptness of service delivery
  - Achievement of treatment goals and measurable outcomes
- Non-clinical areas, such as grievances and appeals, transportation services, meals, life safety, and environmental issues:
  - *Basis for outcome measures.* Outcome measures must be based on current clinical practice guidelines and professional practice standards applicable to the care of PACE participants.
  - *Minimum levels of performance.* The PACE organization must meet or exceed minimum levels of performance, established by Centers for Medicare and Medicaid (CMS) and the State administering agency, on standardized quality measures, such as influenza immunization rates, which are specified in the PACE program agreement.
  - *Accuracy of data.* The PACE organization must ensure that all data used for outcome monitoring are accurate and complete.

### **Identification of Roles:**

Review Assistant (RA) – provides program support: logging, keywording, building appeal packets, etc..

Review Coordinator (RC) – interview PACE staff and participants as needed. Complete environment, transportation, dietary and clinical assessments and reporting of all to CMS.

Manager – interview PACE staff and participants as needed. Complete environment, transportation, dietary and clinical assessments under direction of CMS, and compile reporting of all outcomes assessed to CMS.

### **Performance Standards:**

- Performance standards are not specified for this procedure.

**Path of Business Procedure:** For quality assessment and performance improvement requirements, a PACE organization must do the following:

- Use a set of outcome measures to identify areas of good or problematic performance.
- Take actions targeted at maintaining or improving care based on outcome measures.
- Incorporate actions resulting in performance improvement into standards of practice for the delivery of care and periodically track performance to ensure that any performance improvements are sustained over time.

- Set priorities for performance improvement, considering prevalence and severity of identified problems, and give priority to improvement activities that affect clinical outcomes.
- Immediately correct any identified problem that directly or potentially threatens the health and safety of a PACE participant.

Quality assessment and performance improvement (QAPI) coordinator. A PACE organization must designate an individual to coordinate and oversee implementation of quality assessment and performance improvement activities.

Involvement in QAPI activities. A PACE organization must ensure that all interdisciplinary team members, PACE staff, and contract providers are involved in the development and implementation of QAPI activities and are aware of the results of these activities.

**Forms/Reports:**

N/A

**RFP Reference:**

6.2.6.2

6.2.6.3

**Attachments:**

N/A

**MED - Programs of All-inclusive Care for the Elderly Internal Quality Control and Reports**

**Purpose:** To provide internal quality audits to ensure quality consistency in reviews. To meet all performance standards and complete all required reports.

**Identification of Roles:**

Manager – selects, at random and sends to peers trained in the PACE programs, the names and SID# of PACE participants, medical records to be completed for internal quality control (IQC) review, provides feedback, and completes reports; tracks and reports performance standards, updates manual, and completes reports.

**Performance Standards:**

- Performance standards are not specified for this procedure.

**Path of Business Procedure:**

**Step 1:** Peers familiar with the LOC review process for PACE will conduct IQC of the PACE review decisions monthly to ensure consistency and reliability of the process using a random sample of four admission assessments and four continued stay assessments.

**Step 2:** the manager will review any concerns and training issues and provide feedback to staff.

**Step 3:** The RC will correct any errors made during the assessment review process within three business days of detection..

**Step 4:** The manager will access monthly reports via the MEDSRV RPT drive, under Vasu\_Reports/LTC/Performance Reports/2014/month of service/NF PACE performance.

Details to be obtained include:

- a. Number of admissions completed by program
- b. Number of annual reviews completed by program
- c. Percent of reviews completed timely
- d. Number of denials per program

**Step 5:** The manager will prepare an annual report comparing assessment activity from one fiscal year to the next.

**Step 6:** The manager compiles quarterly report and other ad hoc reports as requested inserting monthly documentation into the Quarterly workbooks located on the MEDSRV\_RPT drive/Quarterly Workbooks.

**Forms/Reports:**

Quarterly reports

PACE	1 <sup>st</sup> Quarter		2 <sup>nd</sup> Quarter		3 <sup>rd</sup> Quarter		4 <sup>th</sup> Quarter		Year to Date	
Admission LOC	34		35							
Approvals	32	94%	31	89%						
Denials	2	6%	4	11%						
SSR LOC	40		37							
Approvals	38	95%	35	95%						
Denials	2	5%	2	5%						

Performance Standards ICF/ID, NF, PACE		1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Year to Date
Complete 95% of LOC determinations for admissions within two business days of receipt of complete information	Completed	1,923	2,040			
	Timely	1,922	2,039			
	Percentage	99.9%	99.9%			
Complete 100% of LOC determinations for admissions within five business days of receipt of complete information.	Completed	1,923	2,040			
	Timely	1,923	2,040			
	Percentage	100%	100%			
Complete 95% of LOC determinations for subsequent service within five business days of receipt of complete information.	Completed	1,372	1,466			
	Timely	1,372	1,464			
	Percentage	100%	99.9%			
Complete 100% of LOC determinations for subsequent service within 10 business days of receipt of complete information.	Completed	1,372	1,466			
	Timely	1,372	1,466			
	Percentage	100%	100%			

**IQC**

IQC (continued)		1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Year to Date
<b>NF/PACE</b>						
Cases Reviewed		100	110			
Possible Points		800	880			
Received Points		779	863			
> 95% agreement		92	93			
Peer resolution		8	17			
Manager resolution		0	0			

**RFP Reference:**

6.2.6.2

6.2.6.3

**Interfaces:**

ISIS

MQUIDS

**Attachments:**

N/A

**MED - Programs of All-inclusive Care for the Elderly Disruption of Business Plan**

**Purpose:** To provide procedures for the continuation of business in the event of inability to utilize electronic programming.

**Identification of Roles:**

Review Assistant (RA) – receives LOC request, enters on spreadsheet, routes to the appropriate RC and sends notices to providers as needed. All activities will be noted on the manual-tracking log

Review Coordinator (RC) – responds to LOC requests. All activities will be noted on the manual-tracking log

Manager – oversees business continuity plan to ensure timely service.

**Performance Standards:**

- Performance standards are not identified for this procedure.

**Path of Business Procedure:** The RA will receive LOC certification forms by fax.

**Step 1:** The RA will forward the request by telephone to the RC based on the criteria established by the manager.

**Step 2:** The RA will log calls and capture the following information:

- a. Date received
- b. Member name
- c. Member SID
- d. Caller name
- e. Services requested
- f. RC assigned

**Step 3:** The RC will document LOC determinations in a spreadsheet:

- a. Date Received
- b. Member Name
- c. Member SID
- d. Type of program request
- e. Date additional information requested
- f. Date additional information received
- g. Date of Peer Review
- h. Status of request

**Step 4:** The RC will document review information following the LOC review outline.

**Step 5:** The RC will enter review information in MQUIDS and ISIS when systems are restored.

**Step 6:** The RC will document compliance with criteria by paper copies of criteria utilized for internal quality control process.

**Forms/Reports:**

**Assessment Spreadsheet**

Date Received	Member Name	Member SID	Service Requested	Date additional information requested	Date information received	Date of PR	Status of LOC determination

**Call Log Spreadsheet**

Date received	Date/Time RC contacted	Member name	Member SID	Caller Name	RC assigned	Services Requested

**Criteria**

**Nursing Facility Level of Care Criteria**

Iowa Medicaid Program:	LTC Medical Criteria	Effective Date:	01/2012
Revision Number:	1	Last Review Date:	01/18/2013
Reviewed By:	Clinical Advisory Committee	Next Review Date:	01/2014
Approved By:	Medicaid Medical Director	Approved Date:	01/22/2012
Approved By:	DHS Policy Staff	Approved Date:	02/17/2012

**Criteria:**

Nursing facility level of care can be approved if the following conditions are met:

1. Presence of a physical or mental impairment which restricts the ability to perform the essential activities of daily living; bathing, dressing, and personal hygiene and impedes the capacity to live independently. The member's physical or mental impairment is such that self-execution of the required nursing care is improbable or impossible.
2. Services are provided in accordance with general provisions for all Medicaid providers and services as described within 441-79.9.

**Change History:**

Change Date:	Changed By:	Description of Change:	New Version Number:

**Skilled Level of Care Criteria**

Iowa Medicaid Program:	LTC Medical criteria	Effective Date:	01/20/12
Revision Number:	1	Last Review Date:	01/18/2013
Reviewed By:	Clinical Advisory Committee	Next Review Date:	01/2014
Approved By:	Medicaid Medical Director	Approved Date:	01/22/2012
Approved By:	DHS Policy Staff	Approved Date:	02/17/2012

**Criteria:**

In order to approve skilled level of care for the waiver programs, the following conditions must be met:

1. The member's medical condition requires skilled nursing services or skilled rehabilitation services as defined in 42 CFR 409.31(a), 409.32, and 409.34.
2. Services are provided in accordance with general provisions for all Medicaid providers and services as described within 441-79.9.

3. Documentation submitted for review must indicate that the member has:
- a. A physician order for all skilled services.
  - b. Services that require the skills of medical personnel including registered nurses, licensed practical nurses, physical therapists, occupational therapists, speech pathologists, or audiologists.
  - c. An individualized care plan that addresses identified deficit areas.
  - d. Confirmation that skilled services are provided to the member.
  - e. Skilled services provided by, or under the supervision of medical personnel as described above.
  - f. Skilled nursing services needed and provided seven days a week or skilled rehabilitation services needed and provided at least five days a week.

Change History:

Change Date:	Changed By:	Description of Change:	New Version Number:

**Desk Guide for Criteria:**

(1) Cognitive, Mood and Behavior Patterns

LEVEL OF CARE	EVALUATION OF SERVICES PROVIDED
INTERMEDIATE (A - F)	The following circumstances exist: A. Short/long term memory problem B. Moderately/severely impaired cognitive skills for daily decision-making C. Devices and/or restraints used. Documentation reflects assessment for the least restrictive restraint D. Behavioral symptoms, i.e., wandering, verbally/physically abusive, socially inappropriate/disruptive, and/or resists care. A behavior management program is addressed on care plan E. Comatose (persistent vegetative state/no discernible consciousness) F. Indicators of depression, anxiety, or sad mood exhibited.
SKILLED CARE (G)	G. Formal, supportive psychiatric services. <u>Condition is not stable.</u> Documentation reflects daily assessment and evaluation by professional nursing staff. Structured environment provided for Member's/other's safety. (Refer to physician reviewer if this is the only skilled criterion used. Review in 7 days for subsequent service at this level of care.)

**(2) Physical Functioning - Mobility**

LEVEL OF CARE	EVALUATION OF SERVICES PROVIDED
INTERMEDIATE (A - F)	<p>The following circumstances exist:</p> <ul style="list-style-type: none"> <li>A. Transfer, walking, and/or locomotion performance requiring supervision/set-up help by staff with/without device (e.g., slide board, trapeze, cane, walker, brace, prosthesis, wheelchair)</li> <li>B. Transfer, walking, and/or locomotion performance requiring limited assistance by staff through set-up help or physical assistance with/without device</li> <li>C. Transfer, walking, and/or locomotion performance requiring extensive assistance by staff through set-up help or physical assistance with/without device</li> <li>D. Transfer, walking, and/or locomotion performance requiring total assistance by staff through set-up help or physical assistance with/without device</li> <li>E. Bedfast all or most of the time</li> <li>F. Quadriplegia</li> </ul>
SKILLED CARE (R-X)	<ul style="list-style-type: none"> <li>R. Physical therapy program with restorative goals (i.e., strengthening, gait training, stair climbing, transfer techniques) provided daily by or under the direction/ supervision of a licensed physical therapist. Daily documentation indicates progress</li> <li>S. Continuous skin/skeletal traction</li> <li>T. Physical therapy with restorative goals for muscle retraining and strengthening (i.e., active/passive range of motion, weights, electric or tactile stimulation, resistive exercises, etc.) provided daily by or under the direction/ supervision of a licensed physical therapist. Daily progress notes must be present</li> <li>U. Occupational therapy with restorative goals for gross/fine motor muscle retraining including upper extremity, sitting, balance, etc., provided on a daily basis by an occupational therapist. Daily progress notes must be present.</li> <li>V. Physical therapy with maintenance goals provided daily by or under the direction/supervision of a licensed physical therapist. Evidence that without this maintenance therapy; the Member's functional status would deteriorate</li> <li>W. Physical therapy program provided less than daily by or under the direction/supervision of a licensed therapist. (If this is the only skilled criteria met refer to physician reviewer.)</li> <li>X. Other services provided by physical therapy, i.e., ROM testing, evaluation, stretching, ultrasound, shortwave, microwave, diathermy, hot packs, infrared treatment, paraffin bath, whirlpool bath. (If only criterion met, it must be performed on a daily basis. If not, refer to physician reviewer.)</li> </ul>

**(3) Skin Condition**

LEVEL OF CARE	EVALUATION OF SERVICES PROVIDED
INTERMEDIATE (A - D)	<p>The following circumstances exist:</p> <ul style="list-style-type: none"> <li>A. Non-blanchable erythema of intact skin.</li> <li>B. Pressure/stasis ulcer(s), skin lesion(s), or surgical wound(s) present with partial thickness skin loss involving epidermis and/or dermis. Licensed nursing staff administers treatment(s) as prescribed by the physician.</li> <li>C. Pressure/stasis ulcer(s), skin lesion(s), or surgical wound(s) present with full thickness skin loss involving damage or necrosis of subcutaneous tissue which may extend down to underlying fascia, and/or extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structure (tendon, joint capsule, etc.). Licensed nursing staff administers less than daily treatment(s) as prescribed by the physician.</li> <li>D. Other skin problems or lesion(s) present. Licensed nursing staff administers treatment(s) as prescribed by the physician. (May include drainage tubes, incisions, psoriasis, etc.) Area is not open.</li> </ul>
SKILLED CARE (R - U)	<ul style="list-style-type: none"> <li>R. Wide spread skin disorder, pressure/stasis ulcer(s), skin lesion(s), or surgical wound(s) present with full thickness skin loss involving damage or necrosis of subcutaneous tissue which may extend down to underlying fascia, and/or extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structure (tendon, joint capsule, etc.). Licensed nursing staff administers daily treatment(s) as prescribed by the physician until skin is intact.</li> <li>S. Strict isolation due to contagious infection, disease, or immune deficiency requiring professional monitoring and evaluation for prevention of cross-contamination.</li> <li>T. Individualized teaching and training program initiated by licensed nursing staff to enable Member/caregiver to learn dressing change techniques, wound care procedures, and/or preventive skin care. Review for response to teaching in 7 days if this is the only criterion met.</li> <li>U. Individualized preventative/rehabilitative plan of care for A - T should include:               <ul style="list-style-type: none"> <li>● protective/preventive skin care</li> <li>● turning/repositioning schedule</li> <li>● pressure reduction devices</li> <li>● nutritional/hydration program</li> <li>● daily skin inspection</li> <li>● weekly assessment of healing process</li> </ul> </li> </ul>



**(5) Continence**

LEVEL OF CARE	EVALUATION OF SERVICES PROVIDED
INTERMEDIATE (A - F)	<p>The following circumstances exist:</p> <ul style="list-style-type: none"> <li>A. Occasionally or frequently incontinent and/or involuntary requiring staff assistance.</li> <li>B. Totally incontinent and/or involuntary requiring staff assistance.</li> <li>C. Daily nursing care and evaluation of elimination status for Member with ostomy/ileal conduit.</li> <li>D. Indwelling urethral/suprapubic catheter requiring less than daily irrigation by licensed nursing staff as ordered by the physician. Daily perineal and catheter care provided by nursing staff.</li> <li>E. Intermittent catheterization performed less than daily by licensed nursing staff as ordered by the physician.</li> <li>F. CAPD performed by licensed nursing staff as ordered by the physician.</li> </ul>
SKILLED CARE (R - W)	<ul style="list-style-type: none"> <li>R. Intermittent catheterization performed daily by licensed nursing staff as ordered by the physician.</li> <li>S. Indwelling urethral/suprapubic catheter present requiring daily irrigation by licensed nursing staff as specifically ordered by the physician.</li> <li>T. Nephrostomy tube(s) present requiring daily dressing change(s), stoma care, and monitoring of tube position by licensed nursing staff.</li> <li>U. Suprapubic catheter present in early post-operative period requiring daily care and evaluation by licensed nursing staff. After initial 7 days, refer to physician reviewer for subsequent service approval.</li> <li>V. Colostomy/ileostomy/ileoconduit present in early post-operative period requiring daily care and evaluation by licensed nursing staff. After initial 7 days, refer to physician reviewer for subsequent service approval.</li> <li>W. Individualized teaching and training program initiated by licensed nursing staff to enable Member/caregiver to learn care of bowel/bladder appliances and equipment and/or administration of treatment (i.e., catheterization, dialysis, stoma care, etc.). Review for response to teaching in 7 days if this is the only criterion met.</li> </ul>



**8) Medications**

LEVEL OF CARE	EVALUATION OF SERVICES PROVIDED
INTERMEDIATE (A - D)	The following circumstances exist: A. Insulin administered by nursing staff with set dosages. B. Central or peripheral venous line or port in place. Irrigated less than daily. Licensed nursing staff available on a 24-hour basis to assess for complications. C. Insulin administered per sliding scale with set parameters. D. Medications administered subcutaneously (excluding insulin) at least daily.
SKILLED CARE (R - W)	R. Frequent lab values. If this is the only skilled criterion met, refer to physician. S. Medications administered intravenously at least daily. T. Medications administered intramuscularly at least daily. U. Insulin administered requiring at least daily adjustment determined by blood glucose levels and contact with physician. V. Medications administered requiring physician monitoring and deemed appropriate setting by physician reviewer. W. Medications, chemotherapy, or blood products administered daily via central venous line(s) or port(s).

**9) Communication/Hearing/Vision Patterns**

LEVEL OF CARE	EVALUATION OF SERVICES PROVIDED
INTERMEDIATE (A - D)	The following circumstances exist: A. Hearing impaired and appliances (if used) are not helpful. B. Unable to communicate needs adequately without communication devices. C. Vision impaired and glasses (if used) are not helpful. D. Speech therapy is provided on a less than daily basis.
SKILLED CARE (R)	R. Speech - language pathology and/or audiology services are provided at least daily and in conjunction with other skilled services. If this criterion is used alone, refer to physician reviewer.

**RFP Reference:**

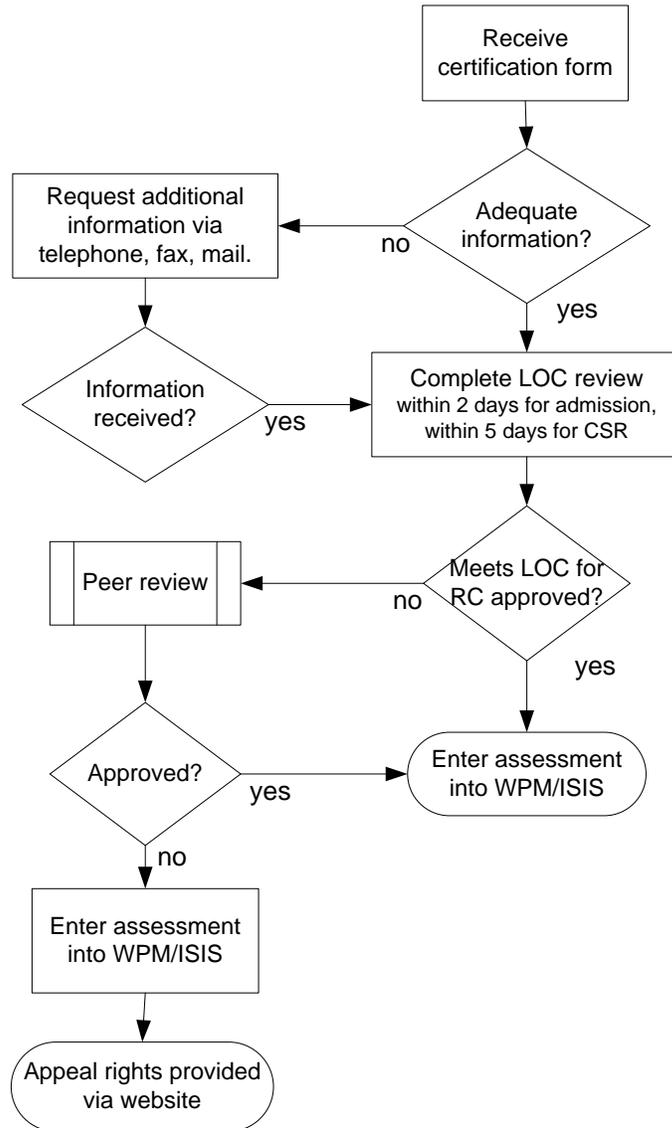
- 6.2.6.2
- 6.2.6.3

**Interfaces:**

- ISIS
- OnBase
- MQUIDS

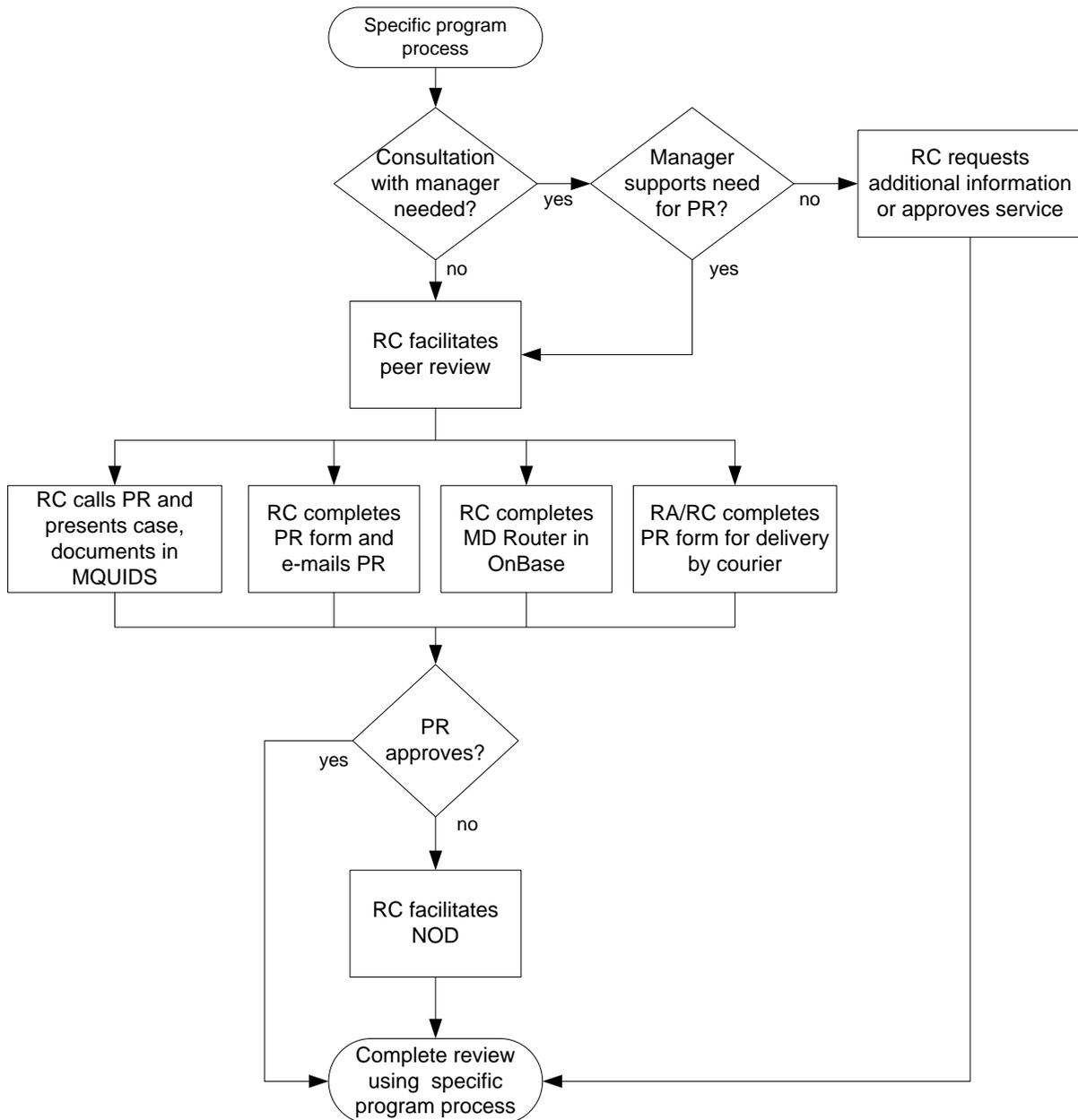
## Attachment A:

### PACE Assessments



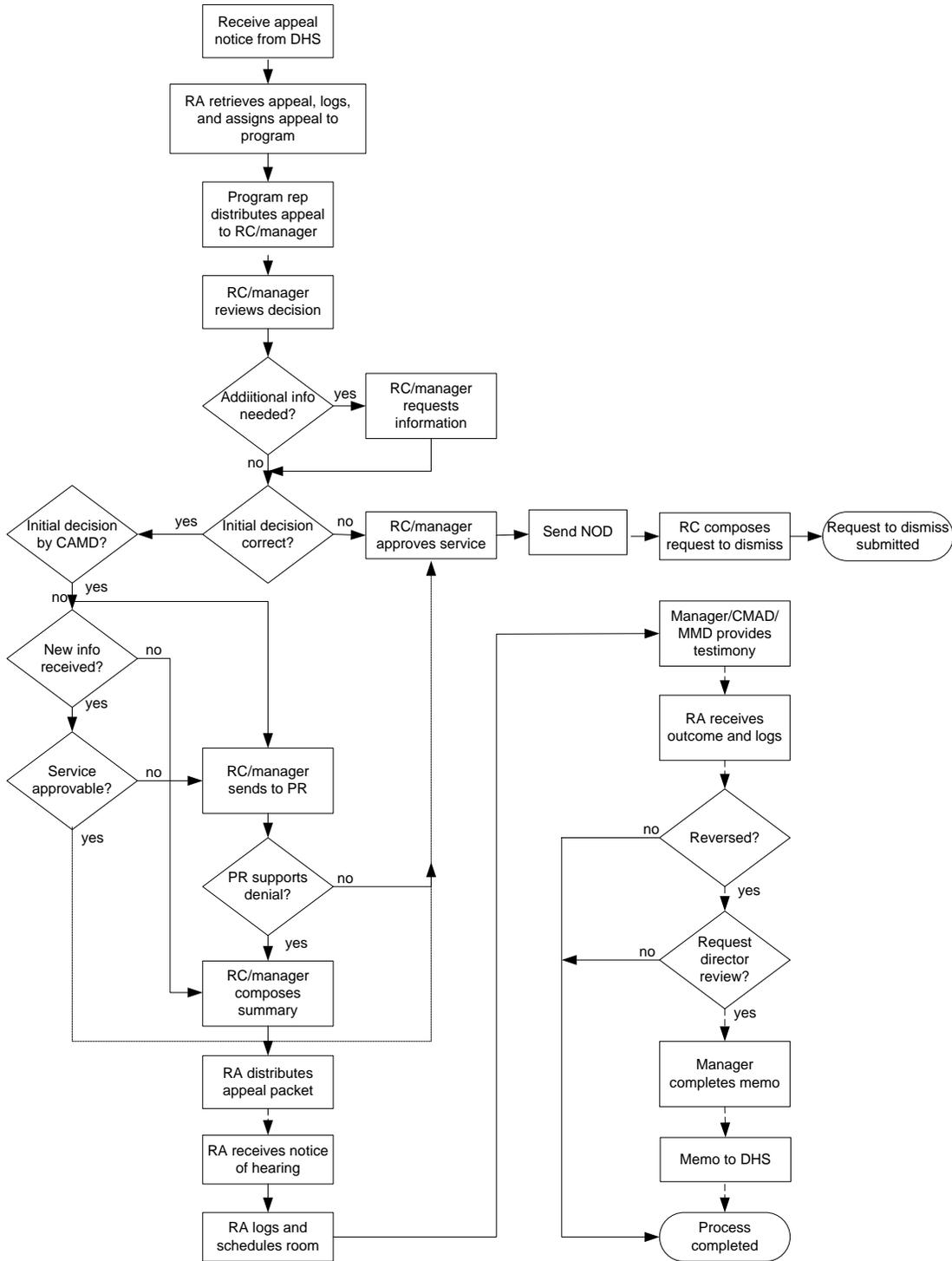
## Attachment B:

### Peer Review



**Attachment C:**

**ADMINISTRATIVE LAW JUDGE APPEALS**



Reviewed 7/2012 ad

<sup>i</sup> Iowa Administrative Code 441-79.9(2)

<sup>2</sup> Iowa Code 135C.1(13); Iowa Administrative Code 441-81.1; Sec. 1919. [42 U.S.C. 1396r]; 42 CFR 440.40