

<b>Audit Review Period:</b>		
<b>Issue(s) of non-compliance:</b>	<b>Auditors:</b> <b>Select All that Apply</b>	<b>Issue</b>
		Initial personnel competencies
		Personnel licensure
		OIG exclusion checks
		Background checks
		Communicable disease clearance
		Driver Specific Training
<b>Scope:</b>	<p><b>Initial personnel competencies:</b></p> <ul style="list-style-type: none"> <li>The scope of the Impact Analysis is no more than 50% of staff (including employees and contractors) during the audit review period who were not included in the personnel sample selection and meet the following criteria:             <ol style="list-style-type: none"> <li>Were newly hired during the audit review period; and</li> <li>Provided participant care in the PACE centers or participant homes.</li> </ol> </li> </ul> <p><b>Personnel licensure:</b></p> <ul style="list-style-type: none"> <li>The scope of the Impact Analysis is no more than 50% of staff (including employees and contractors) during the audit review period who were not included in the personnel sample selection and had direct participant contact in the PACE centers or participant homes.</li> </ul> <p><b>OIG exclusion checks:</b></p> <ul style="list-style-type: none"> <li>The scope of the Impact Analysis is no more than 50% of staff (including employees and contractors) during the audit review period who were not included in the personnel sample selection and were newly hired during the audit review period.</li> </ul> <p><b>Background checks:</b></p> <ul style="list-style-type: none"> <li>The scope of the Impact Analysis is no more than 50% of staff (including employees and contractors) during the audit review period who were not included in the personnel sample selection and were newly hired during the audit review period.</li> </ul> <p><b>Communicable disease clearance:</b></p> <ul style="list-style-type: none"> <li>The scope of the Impact Analysis is no more than 50% of staff (including employees and contractors) during the audit review period who were not included in the personnel sample selection and meet the following criteria:             <ol style="list-style-type: none"> <li>Were newly hired during the audit review period; and</li> <li>Had direct participant contact in the PACE centers or participant homes.</li> </ol> </li> </ul> <p><b>Driver specific training:</b></p> <ul style="list-style-type: none"> <li>The scope of the Impact Analysis is no more than 50% of staff (including employees and contractors) during the audit review period who were not included in the personnel sample selection and transported participants.</li> </ul>	
<b>Instructions:</b>	<p><b>General:</b></p> <ul style="list-style-type: none"> <li>The review timeframe is the audit review period. Errors noted prior to the audit review period should not be included.</li> <li>After completing the Impact Analysis, if any changes need to be made to the Root Cause Analysis, please update the RCA tab.</li> <li>Respond to the questions in the Participant Impact tab.</li> </ul>	
<b>Impact Analysis Due Date:</b>		

**Brief Description Of Issue**  
**(Completed By The CMS Audit Lead)**

**Detailed Description of the Issue**  
**(Explain what happened)**

<div>Date Identified (MM/DD/YY) (Completed By The CMS Audit Lead)</div>	<div>Brief Description Of Issue (Completed By The CMS Audit Lead)</div>
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<b>Condition Language (Completed By The CMS Audit Lead)</b>	<b>Root Cause Analysis for the Issue (Explain why it happened)</b>
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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)
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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)
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General Information: This information is to be completed for all Impact Analyses								
Employee First Name	Employee Last Name	Job Title	Date of Hire MM/DD/YYYY	Date of Initial Participant Contact MM/DD/YYYY	Date Individual Began Providing Care Independently MM/DD/YYYY	Date of Termination MM/DD/YYYY  Enter NA if employee was not terminated during audit review period.	Type of Employment  Enter contract, Full-time, Part- time, Volunteer, or Other.	License  (Yes/No)



This information is to be completed if the Impact Analysis is being requested for: Initial personnel competencies	
Is there documentation that the staff member's competency was evaluated prior to them providing participant care independently?	Date of competency evaluation completed.
(Yes/No)	MM/DD/YYYY
<u>*This requirement only applies to personnel newly hired during the audit review period.</u>	Enter Not Completed if the competency evaluation was never done.
If the auditor did not select Initial personnel competencies on the instructions tab the PO may enter NA in columns J through K.	
Enter NA in columns J through K if the employee did not provide participant care independently during the audit review period.	

This information is to be completed if the Impact Analysis is being requested for: Personnel licensure			This information is to be completed if the Impact Analysis is being requested for: OIG exclusion checks	
Is the individual (employee or contractor) required to have a license in order to perform care and/or services in the PO's state?  (Yes/No)  <u>*This requirement applies to all personnel.</u>  If the auditor did not select Personnel licensure on the instructions tab the PO may enter NA in columns L through N.	Type of license(s) required?  <u>*This requirement applies to all personnel.</u>  Enter NA if the staff member is not required to have a license.	Is there documentation that the staff member had a valid license during the audit review period?  (Yes/No)  <u>*This requirement applies to all personnel.</u>  Enter NA if the staff member is not required to have a license or did not have direct participant contact during the audit review period.	Is there documentation that an OIG exclusion check was completed before the date of hire?  (Yes/No)  <u>*This requirement only applies to personnel newly hired during the audit review period.</u>  If the auditor did not select OIG exclusion checks on the instructions tab the PO may enter NA in-columns O through P.	Date the OIG check was completed.  MM/DD/YYYY  Enter Not Completed if the OIG check was never completed.

This information is to be completed if the Impact Analysis is being requested for: Background checks		This information is to be completed if the Impact Analysis is being requested for: Communicable disease clearance	
Is there documentation that a background check was completed before the date of hire?	Date the background check was completed.	Is there documentation that the individual (employee or contractor) was evaluated and determined to be free of communicable diseases prior to engaging in direct participant contact?	Date the individual was screened/medically cleared of communicable diseases.
(Yes/No)	MM/DD/YYYY	(Yes/No)	MM/DD/YYYY
<u>*This requirement only applies to personnel newly hired during the audit review period.</u>	Enter Not Completed if the background check was never completed.	<u>*This requirement only applies to personnel newly hired during the audit review period.</u>	Enter Not Completed if the individual was never medically cleared.
If the auditor did not select Background checks on the instructions tab the PO may enter NA in columns Q through R.		If the auditor did not select Communicable disease clearance on the instructions tab the PO may enter NA in columns S through T.	Enter NA if the staff member did not have direct participant contact during the audit review period.
		Enter NA in columns S through T if the staff member did not have direct participant contact during the audit review period.	

This information is to be completed if the Impact Analysis is being requested for: Driver Specific Training			General Information: This information may be completed for all Impact Analyses
Date the driver was provided training on handling the special needs of the participants.	Date the driver was provided training on handling emergency situations.	Date the driver began driving participants for the PACE organization.	Optional: Please note, you do not have to complete this column.
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	
Enter Not Completed if the individual was never provided training.	Enter Not Completed if the individual was never provided training.		
If the auditor did not select Driver Specific Training on the instructions tab or if the individual was not a driver the PO may enter NA in columns U through W.			