PACE Request for Waiver of Nursing Facility Level of Care Recertification

To request a Waiver of Nursing Facility Level of Care Recertification, complete the information below and submit all required documentation listed on the form to DoAS, at least 45 days prior to the last annual recertification authorization date.

From (Name/Title): ______________________________________________

PACE Organization: ______________________________________________

Email Address: __________________________________________________

Telephone Number: __________________ Fax Number: __________________

Date of Request: ___________ Recertification Due Date: ___________

Participant Name: ______________ Date of Last Assessment: __________

DoAS will only initiate the review of this request when all of the following documentation has been received. Omitting any information requested below will delay approval of the waiver request.

☐ Justification summary from IDT
☐ Diagnosis of chronic or disabling condition
☐ Last comprehensive assessment by all relevant disciplines
☐ Last 2 IDT care plans
☐ Initial LOC assessment and updated LOC assessment
☐ History and Physical
☐ Physician and nursing progress notes
☐ All specialty consultant notes (any discipline)
☐ Social work notes
☐ Diagnostic tests supporting request
☐ Medication and treatment record
☐ Other relevant documentation supporting the request

Above request is:

☐ Authorized/Date: ___________ ☐ Not Authorized/Date: ___________

Name and Title of Reviewer: __________________________________________

Signature: __________________________ Date: ___________ Telephone: ___________