

READINESS REVIEW REPORT

PACE ORGANIZATION:

H #:

DATE (S) OF REVIEW:

REVIEWER (S) – NAME, TITLE AND DEPARTMENT:

DATE OF COMPLETION:

STATE ADMINISTERING AGENCY:

SAA REPRESENTATIVE SIGNATURE:

STATE READINESS REVIEW

CMS will only approve applications from potential PACE organizations that satisfy federal requirements as determined based on review of the PACE application, and have met the requirements of a State Readiness Review (SRR). The SRR is performed by the state at the applicant's PACE Center. At the time of the SRR, the entity will not be operational and thus will have no enrolled participants. The purpose of this review is to determine the organization's readiness to administer the PACE program and enroll participants. The SRR will include a minimum set of criteria established by CMS in conjunction with the States. The States are free to add any additional criteria to the readiness review based on state specific requirements or they deem necessary to help them determine if the applicant: 1) meets the requirements stipulated in the PACE regulation; 2) has developed policies and procedures consistent with the PACE regulation; and 3) has appropriate staffing and established contracts necessary to provide all-inclusive, quality care to its participants.

The SRR includes but is not limited to: A review of policies and procedures; the design and construction of the PACE center; emergency preparedness; the site's compliance with OSHA, FDA, State and local laws, and adherence to Life Safety Code requirements. There are several areas of the SRR that defer to state and local laws and regulations for compliance. If the applicant's state has more stringent laws and regulations, those laws will apply in place of the federal requirement. However, it is incumbent upon the SRR team to ensure that their state laws or regulations encompass each of the items identified in the federal requirement.

Upon completion of the SRR, the state will be responsible for preparing and submitting a completed SRR report ensuring that all required areas are met.

STATE READINESS REVIEW REPORT

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
PHYSICAL ENVIRONMENT (§460.72)			
I.A. The PACE Center must be designed, constructed, equipped, and maintained to provide for the physical safety of participants, personnel, and visitors.	<p>EVIDENCE OF COMPLIANCE WITH ALL STATE AND LOCAL BUILDING, FIRE SAFETY AND HEALTH CODES.</p> <p>Visible evidence of the following:</p> <ul style="list-style-type: none"> • Fire exit system • Doorways that provide adequate width to allow easy access and movement of participants by wheelchair or stretcher; • Doorways, hallways and stairways that provide access free from obstructions at all times; • Lights and handrails in stairways, corridors, bathrooms, and at exits used by participants; 	<input type="checkbox"/> <i>MET</i> <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
	<ul style="list-style-type: none"> • Toilets and stalls in the public bathrooms that are accessible to allow use by nonambulatory and handicapped participants, staff and visitors; • Evidence of compliance with the ADA (28 CFR Part 36 Title III). • Facility equipped with call lights for a communication system that alerts staff of participant problems in bathrooms, therapy areas, etc. • Design features to safeguard cognitively impaired clients who may wander (e.g. fences, door alarms, detector bracelets, etc.) and evidence the safeguards are operational. <p>Written plan that outlines scheduled maintenance for the PACE center to include building maintenance.</p> <p>OTHER (SPECIFY)</p>	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
		<input type="checkbox"/> Other (Specify and Attach)	
<p>I. B. The PACE Center must ensure a safe, functional, accessible and comfortable environment for the delivery of services to the participant.</p>	<p>EVIDENCE OF CERTIFICATION OR LICENSURE BY THE STATE OR A RECOGNIZED ENTITY FOR ADULT DAY CENTERS THAT ENCOMPASSES APPROPRIATE CRITERIA. Note: If the PACE Center is licensed as an adult day center by the state, skip to 1.C.</p> <p>Evidence of the following:</p> <ul style="list-style-type: none"> • Written policies and procedures for ensuring an environment that provides privacy and dignity for participants, i.e. doors for exam rooms, privacy curtains, appropriate clothing and linen to cover participants during treatment, etc.; • Lighting and sound levels in care areas, activity and dining rooms that are appropriate for individuals with vision, hearing, and cognitive impairments; • Proper ventilation; 	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N.A. <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
	<ul style="list-style-type: none"> • Written policies and procedures for an effective pest control program to control infestations by pests and rodents not limited to roaches, ants, flies, and mice; • If applicable, designated areas for smoking that are clearly marked and limited to participants and staff. • Posted signs that prohibit smoking while oxygen therapy is being administered and clearly designated universal oxygen signs. • Written policies and procedures regarding smoking policies, including how to determine if or when participants may smoke with or without supervision (if applicable). • Written policies and procedures on the proper storage, handling, and disposal of all chemicals, compounds and biohazardous waste, including Material Safety Data Sheets for any chemical, cleaning and medical supplies; • Equipment stored in a manner to ensure participant's safety at all times. 	<input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET N.A. <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
	OTHER (SPECIFY)	<input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> Other (Specify and Attach)	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
<p>I. C. The PACE Center must include sufficient suitable space and equipment to provide primary medical care and suitable space for team meetings, treatment, therapeutic recreation, restorative therapies, socialization, personal care, and dining.</p>	<p>Evidence of Adequate Space For: (Adequate space would be determined by the provisions, if any, that are included in the PACE Center Life Safety Code building occupancy license, and the projected attendance by participants)</p> <ul style="list-style-type: none"> • Team meetings • Medical treatment and other care • Therapeutic recreation • Restorative therapies • Socialization • Personal care • Dining 	<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p>	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
	<p>Evidence of sufficient and maintained equipment for safely transferring disabled participants on to exam tables and restorative therapy treatment equipment, such as tubs, beds, etc.</p> <p>Evidence that all storage areas, including food storage, include appropriate clearance from floors, ceilings and other structural elements.</p> <p>OTHER (SPECIFY)</p>	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> Other (Specify and Attach)	
I. D. The PACE organization must establish,	A written maintenance plan that identifies the individual responsible for the implementation and monitoring of the plan, what logs or records will be required, what equipment is	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
<p>implement and maintain a written plan to ensure that all equipment is maintained in accordance with the manufacturer's recommendations and keep all equipment (mechanical, electrical, and patient care) free of defect. This includes any equipment in the patient's home.</p>	<p>included, and the maintenance schedules according to manufacturer's recommendations.</p> <p>A written plan and monitoring program to check all contracts related to maintenance agreements.</p> <p>Written policies and procedures to ensure compliance with and report device related death and serious injuries to the FDA and/or the manufacturer of the equipment in accordance with the Safe Medical Devices Act of 1990.</p> <p>Evidence of manufacturer's manuals for all equipment (mechanical, electrical, safety/emergency preparedness and patient care).</p> <p>OTHER (SPECIFY)</p>	<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> Other (Specify and Attach)</p>	
<p>I.E. The PACE center must meet the occupancy provisions of the 2000 edition of the LSC for the type of</p>	<p>EVIDENCE OF COMPLIANCE WITH THE CURRENT EDITION OF THE LIFE SAFETY CODE or state code that CMS determined adequately protects participants and staff.</p> <p>In addition have evidence of a: Fire Alarm System:</p> <ul style="list-style-type: none"> • Initiation • Notification 	<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p>	

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setting in which it is located	<ul style="list-style-type: none"> • Control <ul style="list-style-type: none"> • Air condition shutdown • Automatic release of fire doors held open by magnetic devices <p>Staff training and drills specific to the PACE Center Fire evacuation Plans specific to the PACE Center Fire Procedures specific to the PACE Center</p> <p>OTHER (SPECIFY)</p>	<input type="checkbox"/> Other (Specify and Attach)	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
<p>I.F. Establish, implement, and maintain documented procedures to manage medical and nonmedical emergencies and disasters that threaten the health and safety of participants, staff, or visitors.</p> <p>I.G. PACE organization must train all staff (employees and contractors) on the actions necessary to address different medical and nonmedical emergencies.</p>	<p>Evidence of:</p> <ul style="list-style-type: none"> • Written policies and procedures to manage medical emergencies, including responding to DNRs, or any other advance directives; choking; chest pain; seizures; stopped breathing or cessation of heart; • Written policies and procedures(s) for the periodic examination of all emergency drugs to confirm expiration date(s) and inventory control; • Written policies and procedures for staff training and drills for the PACE Center's emergency procedures, including the use of emergency drugs and emergency equipment; • At least one staff member during hours the center(s) have participant's present will be trained and certified in Basic Life Support (CPR). • Verify that emergency drugs and emergency equipment is readily available, operating, and clean including: <ul style="list-style-type: none"> ○ PORTABLE OXYGEN ○ AIRWAYS ○ SUCTION EQUIPMENT ○ PHARMACEUTICALS APPROPRIATE TO STABILIZE PARTICIPANTS. 	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	

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<p>I.H. The PACE Center must have emergency equipment, along with staff who know how to use the equipment at the center at all times and immediately available to adequately support participants until emergency medical assistance responds to the center.</p>	<ul style="list-style-type: none"> • Written policies and procedures to manage nonmedical emergencies and any natural disasters affecting the center's geographic location, including: • Method of containment of fire; • Evacuation plans and routes specific to the PACE Center; • Adequate emergency lighting at exits and corridors; • Plans for power outages, problems with water supply, and transfer of participants to other sites that meet their special needs; • Periodic drills specific to the PACE Center; • Plan for assuring the health and safety of participants at home to ensure their continuing care needs will be met; 	<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p>	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
	<ul style="list-style-type: none"> Facility structure and characteristics that will accommodate an expedient and safe evacuation of staff, participants, and visitors; <p>OTHER (SPECIFY)</p>	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> Other (Specify and Attach)	
INFECTION CONTROL (§460.74)			
II. At a minimum, the PACE Center must have an infection control plan that includes:	Written policies and procedures for the investigation, control, and prevention of infections including:	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
<p>A. Procedures to identify, investigate, control, and prevent infections in the PACE Center and in each participant's place of residence;</p> <p>B. Procedures to record any incidents of infection;</p> <p>C. Procedures to analyze the incidents of infection, to identify trends, and develop corrective actions related to the reduction of future incidents.</p>	<ul style="list-style-type: none"> • <i>A written OSHA Exposure Control Plan which includes the Universal Precautions and Bloodborne Pathogen exposure procedures for staff;</i> • <i>Vaccinating participants and staff against diseases of particular concern for the PACE participant and the PACE Center's geographic location, i.e. influenza and pneumonia (are required minimally);</i> • <i>Initial and ongoing health screening and vaccinations for staff and participants in accordance with OSHA regulations (staff) and CDC guidelines for tuberculosis, Hepatitis B and other communicable diseases.</i> • <i>Written policies and procedures for the investigation, evaluation, resolution, and reporting of all incidences of staff and participant infection.</i> • <i>Written policies and procedures for maintaining records of staff and participant infections to include post-exposure evaluation, training records, and participant and staff surveillance reports.</i> 	<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET</p>	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
	<ul style="list-style-type: none"> • <i>Written policies and procedures for reporting required communicable diseases to the appropriate federal, state and local officials.</i> • <i>Policies and procedures for staff providing direct care to patients with infection(s);</i> • <i>Provision of adequate facilities and supplies necessary for infection control to include:</i> 	<input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
	<ul style="list-style-type: none"> • Hand washing facilities and supplies; • Laundry facilities and supplies if conducted at PACE Center; • Isolation facilities and supplies • <i>Written policies and procedures for addressing how laundry will be handled. If the service is contracted out, written agreements to comply with the requirements.</i> • <i>Written policies and procedures for the ongoing monitoring of the contractual agreement provisions for laundry and waste disposal.</i> 	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NA <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> Other (Specify and Attach)	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
	<ul style="list-style-type: none"> • <i>Written policies and procedures for the appropriate handling and disposal of all waste products including blood and urine specimens for outside lab tests and other biohazardous wastes.</i> <p>OTHER (SPECIFY)</p>		
Transportation Services (§460.76)			

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
<p>III. The PACE organization should take appropriate steps to ensure that participants can be safely transported from their homes to the PACE Center and to appointments.</p> <p>A. Requirements for the organization's transportation program include:</p> <ol style="list-style-type: none"> 1. Maintenance of transportation vehicles according to the manufacturer's recommendations. 2. Transportation vehicles equipped to communicate 	<p>Evidence of appropriate state vehicle inspections.</p> <p>If commercial vehicles (greater than 12 seats, usually) are being used, a commercial license is required by all drivers.</p> <p>If the service is contracted out, written agreements to comply with the contract requirements under §460.70.</p> <p>Written policies and procedures for the ongoing monitoring of the contractual agreement provisions for transportation services.</p> <p>Evidence of the ability to provide adequate and safe transportation of center participants:</p> <ul style="list-style-type: none"> • Sufficient staff • Written policies and procedures for the training and monitoring of drivers including: <ul style="list-style-type: none"> • Proper transfer of nonambulatory and ambulatory participants; 	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NA <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NA <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
<p>with the PACE Center.</p> <p>3. Training transportation personnel on the special needs of participants and appropriate emergency responses.</p> <p>4. As a part of the multi-disciplinary process, communicating relevant changes in the participant's care plans to transportation personnel.</p>	<ul style="list-style-type: none"> • Proper use of equipment needed to transfer and secure participants; • Emergency procedures during transfer, transport, and arrival of participants. • Ability for communication between the driver and PACE Center during transportation activities. • Evidence of written policies and procedures on the maintenance of vehicles utilized in the transport of participants. • Written policies and procedures for communication between the multidisciplinary team and the transport staff regarding the needs of the participants being transported. • Written policies and procedures for monitoring the performance of all drivers. 	<p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p>	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
	<ul style="list-style-type: none"> • Written policies and procedures regarding smoking or non-smoking on transportation vehicles, and appropriate signage based on policy. • Written procedures to check or audit for the following information on the drivers: <ul style="list-style-type: none"> • Current driver's license • Record of any traffic violations or accidents that may constitute a potential hazard for the transport of participants. OTHER (SPECIFY) 	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> Other (Specify and Attach)	
Dietary Services (§460.78)			
IV. PACE Center is required to provide food that is nourishing, palatable, well-balanced, and meets acceptable	Evidence of certification or licensure from state or local health agencies for the preparation and/or serving of food (including the last Department of Health Inspection). Written policies and procedures that ensure the safe delivery of food and nutritional supplements including: <ul style="list-style-type: none"> • Safe procurement of food and nutritional supplements; 	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N.A. <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
<p>safety standards:</p> <p>A. Procure food from sources approved or considered satisfactory by federal, state, tribal or local authorities that have jurisdiction over the service area;</p> <p>B. Store, prepare, distribute, and serve food under sanitary conditions;</p> <p>C. Dispose of garbage and refuse properly</p>	<ul style="list-style-type: none"> • Safe storage of food and nutritional supplements both perishable and nonperishable to prevent contamination (at required temperatures – freezer below 0 degrees F or below and refrigerator 41 degrees or below); • Safe handling of food and nutritional supplements; • Safe preparation of food and medication, including policies for admixtures; • Safe and adequate water supply; • Provisions for substitute foods or nutritional supplements; • Safe garbage storage and disposal; 	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
	<ul style="list-style-type: none"> • Training of staff in safe food delivery; and • Written policies and procedures for emergency food supplies and emergency nutritional supplements. <p>Written policies and procedures for dietitian, physician, and pharmacist involvement to determine the nutritional adequacy of menus and the caloric and nutritional needs for the participant population.</p> <p>OTHER:</p>	<input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	
Bill of Rights (§460.110)			
V. The PACE organization must have written policies and	Written policies and procedures governing the participant Bill of Rights including:	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
<p>implement procedures to ensure that the participant, his or her representative, and staff understand their rights.</p>	<ul style="list-style-type: none"> • The parameters on the use of physical or chemical restraints; • The reporting of mental or physical abuse or neglect. <p>Written policies and procedures for distributing the Bill of Rights to the participant and his or her representative upon enrollment and annually.</p> <p>Written policies and procedures to ensure that the participant, his or her representative, and staff understand participant rights.</p> <p>The participant PACE Bill of Rights should be in English and any other principal language of the community and be displayed in an area frequented by the public. <u>Evidence of compliance with State requirement, if any, for specific criteria of the principle language</u></p> <p>The participant Bill of Rights should be in a large print for the elderly to read.</p> <p>Written policies and procedures to respond to and rectify a violation of a participant's rights.</p> <p>OTHER (SPECIFY)</p>	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET	

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		<input type="checkbox"/> NOT MET <input type="checkbox"/> OTHER (Specify and Attach)	
Personnel Qualifications (§460.64)			
VI. The PACE Center must have qualified staff to provide care to its frail elderly participants.	<p>Assurance by the State that contracts for all contractors and contracted personnel are executed by the time the PACE center becomes operational.</p> <p>Written position descriptions for all staff (employees and contractors).</p> <p>Assurance by the State that the required members of the multidisciplinary team (primary care physician, registered nurse, social worker, recreational therapist or activities coordinator, PACE center manager, home care coordinator, and PACE center personal care attendants, drivers) are/will be employees or contractors of the PACE center by the time the PACE center becomes operational.</p> <p>Evidence that appropriate professional licenses/certifications have been verified by primary source (licensing/certification board) and background checks have been done on all staff –</p>	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
	<p>employees and contractors (per state law requirements). If no direct participant care employees are yet hired then this review would entail the evidence of the procedures that will be completed to comply with this area.</p> <p>OTHER (SPECIFY)</p>	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> Other (Specify and Attach)	
TRAINING AND COMPETENCY (\$460.66 AND \$460. 71)			
VII. A. The PACE organization must provide training to maintain and improve the skills and knowledge of each staff member with respect to the	Written individual competency and training programs for all team positions, specific to each position that includes at least the following: <ul style="list-style-type: none"> Competency program to ensure that each staff member initially and ongoing demonstrates competency in the skills needed to provide appropriate, culturally competent care to participants. The competency program must include: 	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
<p>individual's specific duties that results in his or her continued ability to demonstrate the skills necessary for the performance of the position.</p> <p>B. The PACE organization must develop a training program for each personal care attendant to establish the individual's competency in furnishing personal care services and specialized skills associated with specific care needs of individual participants.</p>	<ul style="list-style-type: none"> • Initial hires and ongoing skills demonstration; • Skills demonstration method of evaluation based on standard protocols; • Competent evaluator (including peer evaluator); • Skills that reflect scope of practice and appropriate for the PACE Center, home setting and level of care. • Training should be specific and within the scope of practice. To include at least the following: <ul style="list-style-type: none"> • Training and demonstrated competency on the transport of nonambulatory participants for drivers and any other applicable staff; • Training and demonstrated competency on all emergency equipment and all other equipment necessary for the performance of his or her specific position; 	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
	<ul style="list-style-type: none"> • Training and demonstrated competency on center emergency procedures; • Training and demonstrated competency on restraint use; • Training and demonstrated competency on participant rights, including dignity and privacy, to all participants; • Training and demonstrated competency in response to participant grievances or center quality improvement activities; and • Training and demonstrated competency in therapeutic communication specific to the PACE setting and population. <p>Written training manual for personal care attendants to ensure that they exhibit competency in basic skills for providing personal care, including:</p> <ul style="list-style-type: none"> • How to maintain a clean, safe and healthy environment; 	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
	<ul style="list-style-type: none"> • Appropriate and safe techniques in personal hygiene and grooming; • Safe transfer techniques and ambulation; • Observation, reporting, and documentation of patient status and the care or service furnished. • Training in therapeutic communication specific to the PACE setting and population; and • Other elements consistent with their assigned duties. <p>OTHER (SPECIFY)</p>	<input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	

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		<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> Other (Specify and Attach)	
GENERAL PROVISIONS			
VIII. General provisions	<p>Evidence of all current licensure required in the State:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ADHC <input type="checkbox"/> Home Health <input type="checkbox"/> Clinic <input type="checkbox"/> HMO <input type="checkbox"/> Ambulatory Care Center <input type="checkbox"/> Other - specify <p>Written policies and procedures regarding the safeguarding of participant data and records according to HIPAA compliance for security (electronic and paper).</p> <p>Written plans and procedures regarding the confidentiality and retention of participant health information.</p> <p>Written plan and procedures for all participant reassessments which include periodic reassessments and reassessments at</p>	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
	<p>the participant or caregiver's request.</p> <p>Verify the PACE organization's actual service area.</p> <p>Verify the process the PACE organization has in place to ensure participant access to care 24 hours a day, 7 days a week.</p> <p>Verify that the PACE organization's network will include all required services (through staff or contract) by the time the PACE Center becomes operational.</p> <p>Evidence of a health information system to collect, analyze, and report participant data.</p> <p>OTHER (SPECIFY)</p>	<p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p>	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
		<input type="checkbox"/> Other (Specify and Attach)	
General Safety Requirements			
IX. Overall PACE Center safety requirements	<p>Evidence of state pharmacy licensure.</p> <p>Written policies and procedures for narcotic inventory control and disposal.</p> <p>All Medications are locked in a cabinet, room or cart.</p> <p>Written policies and procedures for refrigerator temperature logs used for medication and food storage.</p> <p>Written policies and procedures for oxygen storage that is in compliance with fire safety and FDA laws.</p>	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N.A. <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	

PACE REGULATION REQUIREMENT	READINESS CRITERIA	CRITERIA MET	NOTES
	<p>Evidence of CLIA certification if the PACE Center is performing waived lab services on site or in the home, e.g. glucose meter testing, urine testing, fecal occult testing, blood testing, cholesterol screening, or hemoglobin or hematocrit testing.</p> <p>OTHER (SPECIFY)</p>	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> Other (Specify and Attach)	