Audit Review Period:	

Issue(s) of non-compliance:	Auditors: **Select All that Apply**

Scope:	**Unscheduled Assessments:** • The scope of this Impact Analysis is no more than 50% of the participants enrolled during the audit review period who were not included in the provision of services sample selection. • The auditor will select the participants to be reviewed and enter their identifying information on the Participant Impact tab. **Semiannual Assessments:** • The scope of this Impact Analysis is limited to 50% of the participants enrolled during the audit review period who were not included in the provision of services sample selection. • The auditor will select the participants to be reviewed and enter their identifying information on the Participant Impact tab. **Initial Assessments:** • The scope of this Impact Analysis is limited to 50% of the participants newly enrolled during the audit review period who were not included in the provision of services sample selection. • The auditor will select the participants to be reviewed and enter their identifying information on the Participant Impact tab.

Instructions:	**General:**
	• After completing the Impact Analysis, if any changes need to be made to the Root Cause Analysis, please update the RCA tab.
	• The review timeframe is the audit review period. Errors noted prior to the audit review period should not be included.
	Unscheduled Assessments:
	• Review only the participant medical records selected by the auditor. The selected participants are identified in the Participant Impact tab.
	• Review the selected medical records to determine:
	1. If the participant had a change in status; and
	2. If all required IDT members completed assessments as required.
	Semiannual Assessments:
	• Review only the participant medical records selected by the auditor. The selected participants are identified in the Participant Impact tab.
	• Review the selected medical records to determine if all required IDT members completed assessments as required.
	Initial Assessments:
	• Review only the participant medical records selected by the auditor. The selected participants are identified in the Participant Impact tab.
	• Review the selected medical records to determine if all required IDT members completed assessments as required.

Impact Analysis Due Date:	

Issue
Unscheduled Assessments
Semiannual Assessments
Initial Assessments

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

Detailed Description of the Issue
(Explain what happened)

Date Identified (MM/DD/YY) (Completed By The CMS Audit Lead)	Brief Description Of Issue (Completed By The CMS Audit Lead)

Condition Language (Completed By The CMS Audit Lead)	Root Cause Analysis for the Issue (Explain why it happened)

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)

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)

General Information: This information is to be completed for all Impact Analyses					
Participant First Name	Participant Last Name	Medicare Beneficiary Identifier	Participant ID	Date of Enrollment MM/DD/YYYY	Date of Disenrollment MM/DD/YYYY Enter NA if the participant is still enrolled.

This information is to be completed if the Impact Analysis is being requested for: Unscheduled Assessments							
Did the participant experience a change in their health or psychosocial status during the audit review period that required a change is status assessment? (Yes/No) If the auditor did not select Unscheduled Assessments on the instructions tab the PO may enter NA in columns G-N. If the answer to this question is No enter NA in columns H-N.	When did the change in status occur? If there was more than one change in status, use a new row for each date. MM/DD/YYYY	Is there documentation that assessments were completed by all required IDT members (at a minimum this includes: PCP, RN and MSW, and any other discipline determined to be actively involved in the care plan) in response to the change in condition? (Yes/No)	Enter the IDT members who did not complete assessments. Enter NA if the participant received all required assessments.	Date the first change in status assessment was completed. MM/DD/YYYY	Date the last change in status assessment was completed. MM/DD/YYYY	Were all required assessments completed in-person? (Yes/No)	Identify the assessments that were not completed in-person. (PCP, RN, etc.) Enter NA if participant had all assessments completed in person.

This information is to be completed if the Impact Analysis is being requested for: Semiannual Assessments									
Should the participant have had a Semi-annual Assessment during the audit review period? (Yes/No) If the auditor did not select Semiannual Assessments on the instructions tab the PO may enter NA in columns O-X. If the answer to this question is No enter NA in columns P-X.	**Did** the participant have a Semi-annual Assessment **completed** during the audit review period? (Yes/No)	Did the PCP, RN, and MSW determine that any other IDT were actively involved in the development or implementation of the participant's plan of care? If yes, list the disciplines as determined by the PCP, RN, and MSW. If no, enter NA.	List the IDT members who **DID NOT** complete assessments (at a minimum the required disciplines include PCP, RN, MSW and any disciplines identified in the previous column). Enter NA if all required semi-annual assessments were completed.	Were all assessments completed in-person? (Yes/No)	Identify the assessments that were not completed in-person. (PCP, RN, etc.) Enter NA if all assessments were completed in person.	When **should** the assessments have been completed? MM/DD/YYYY	When was the first assessment completed? MM/DD/YYYY	When was the last assessment completed? MM/DD/YYYY	Where did the participant reside at the time of the assessments (e.g. home, SNF, ALF, hospital, etc.)?

This information is to be completed if the Impact Analysis is being requested for: Initial Assessments						General Information: This information is to be completed for all Impact Analyses
Did the required IDT members complete all initial assessments (at a minimum this includes PCP, RN, MSW, RD, HCC, RT/AC, PT and OT)? (Yes/No) If the auditor did not select Initial Assessments on the instructions tab the PO may enter NA in columns Y-AD. If the answer to this question is Yes enter NA in columns Z-AD.	List the IDT members who DID NOT complete assessments.	Were all assessments completed in-person? (Yes/No)	Identify any assessments not completed in-person. (RN, MSW, etc.) Enter NA if all assessments were completed in person.	Were all assessments completed within 30 days of the participant's enrollment? (Yes/No)	Date last initial assessment was completed. MM/DD/YYYY	Optional: Please note, you do not have to complete this column. If there are any mitigating factors that you would like CMS to consider related to a specific participant, please enter the information in this column.