

**PACE Waiver Requests**  
**For Using Nurse Practitioner or Community Based Primary**  
**Care Physician as part of the IDT**

Waiver Documentation to be Provided <i>(Examples in Italics)</i>	Nurse Practitioner	Community Based Primary Care Physician Waiver
PACE Organization description <i>How many PACE centers</i> <i>Current participant census for the PACE organization</i> <i>Alternative care settings etc.</i>	X	X
PACE Physician Job Description <b>NP specific:</b> <i>Will the Primary Care Physician provide oversight and collaborate with the NP?</i> <i>Yes or No</i> <i>If no provide a description to show who will collaborate with and provide oversight to the NP.</i> <b>CB PCP specific:</b> <i>Provide current number of PACE Physicians on staff at the PACE center and are they full-time or part-time?</i>	X	X
PACE Medical Director Job Description <b>NP specific:</b> <i>Will the Medical Director retain overall responsibility for:</i> <ul style="list-style-type: none"> <li>➤ <i>Delivery of participant care</i></li> <li>➤ <i>Clinical outcomes</i></li> <li>➤ <i>Oversight of the QAPI</i></li> </ul> <i>If no provide description to show who will provide the responsibility and oversight.</i> <b>CB PCP specific:</b> 1.) <i>Will the Medical Director provide the administrative oversight and/or direct participant care? Yes or No</i> <i>If no provide description as to who will provide that oversight.</i> 2.) <i>Is the Medical director full time and is he/she employed by the PACE organization? Yes or No</i> <i>If no provide description of the percentage of time spent at alternate location.</i> 3.) <i>Does the PACE organization have policies and procedures in place to provide oversight to potential CB PCPs as required at 42 CFR §§460.70 &amp; 460.71? Yes or No</i>	X	X
CB PCP Proposed Job Description	N/A	X

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<p>1.) Provide a number of CB PCPs you are wanting to contract with and details on the location of their current practice.</p> <p>2.) Provide number of how many beneficiaries are being projected to be seen by the CB PCPs?</p> <p>3.) Will CB PCPs provide services in the PACE center? Yes or No If no where will they provide services?</p> <p>4.) Does the PACE organization have policies and procedures in place when transporting beneficiaries not only to the PACE center but to the CB PCPs location? Yes or No</p>		
<p>NP Proposed Job Description Documents that will need to be included but not limited too:</p> <ul style="list-style-type: none"> <li>➤ Nursing License</li> <li>➤ Education degree</li> <li>➤ Board Certification</li> <li>➤ Evidence of 1 year experience with frail elderly</li> <li>➤ Evidence of meeting all of the PACE organization's position-specific competencies prior to working independently</li> <li>➤ Cleared for all communicable diseases prior to Evidence of direct participant contact</li> <li>➤ Proof immunizations are up to date prior to direct participant contact</li> <li>➤ Additional member to the IDT team</li> </ul>	X	N/A
<p>NP &amp; PCP Collaborative Agreement Does the PACE organization have a collaborative agreement between the NP and the PCP? Yes or No</p>	X	N/A