



COLORADO

Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

Summary of Findings - InnovAge Colorado PACE Complaint Investigation

Investigation Dates: 5/26/21 - 7/28/21

This document identifies the deficiencies found in the Department’s audit of InnovAge Colorado and the percentage of PACE members impacted by each finding. Each finding correlates to a deficiency on the complaint investigation report.

Note: Exact numbers of members impacted are withheld due to ‘Safe Harbor’ privacy rules.

| | Findings | Percentage of Reviewed Participants Affected |
|---|---|--|
| 1 | <p>State of Colorado Contract, Exhibit B, Statement of Work, Sections 2 Contractor’s General Requirements and Section 3 Contractor Personnel and Department Meetings</p> <p>The Pace Organization (PO) failed to ensure proper staffing levels throughout the term of the Contract.</p> | All |
| 2 | <p>State of Colorado Contract, Exhibit B, Statement of Work, Section 4, PACE Responsibilities.</p> <p>The PO failed to destroy medications per the organization’s policy.</p> | 9% |
| 3 | <p>460.64(a)(2)</p> <p>The PO failed to ensure each member of the PO’s staff acted within the scope of their authority.</p> | 9% |
| 4 | <p>460.98(a) and State of Colorado Contract, Exhibit B, Statement of Work, Section 4, PACE Responsibilities.</p> <p>The PO failed to furnish care that met the needs of each participant in all care settings 24 hours a day, every day of the year and failed to furnish services, including reasonable and timely access to specialists.</p> | 74% |





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|----|--|---|
| 5 | 460.100(b) The PO failed to ensure emergency care was provided to evaluate or stabilize an emergency medical condition. | 4% |
| 6 | 460.102(c)(2) The PO's PCPs failed to manage their participants' medical situations and oversee their participants' use of medical specialists. | 43% |
| 7 | 460.102(d)(1) The PO failed to ensure the interdisciplinary team coordinated 24-hour care delivery. | 17% |
| 8 | 460.102(d)(2) The interdisciplinary team failed to remain alert to pertinent input concerning each participant. | 26% |
| 9 | 460.104(c) The PO failed to conduct a reassessment on at least a semi-annual basis. | 22% |
| 10 | 460.104(d)(1) The interdisciplinary team failed to conduct unscheduled reassessments for participants who experienced a change in status. | 26% |
| 11 | 460.104(d)(2) The PO failed to bring Service Delivery Requests (SDR) to the Interdisciplinary Team (IDT), process SDRs timely, and provide an approved service as expeditiously as the participant's condition required. | 30% |





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| 12 | <p>460.106(c)(2)</p> <p>The PO failed to implement, coordinate, and continuously monitor the plan of care whether the services are furnished by PACE employees or contractors.</p> | 26% |
| 13 | <p>460.106(d)</p> <p>The PACE organization failed to reevaluate participants' plans of care on at least a semi-annual basis.</p> | 22% |
| 14 | <p>460.106(f)</p> <p>The interdisciplinary team failed to document the plan of care, and any changes made to it, in the participant's medical records.</p> | 22% |
| 15 | <p>460.120</p> <p>The PO failed to recognize and process complaints as grievances.</p> | 13% |
| 16 | <p>460.210(a)(2)</p> <p>The PO failed to maintain a medical record that was complete, accurate, and available to all staff.</p> | 30% |
| 17 | <p>460.210(d)</p> <p>The PO failed to ensure all entries in the medical record were legible, clear, complete, and appropriately authenticated and dated. Authentication must include signatures or a secured computer entry by a unique identifier of the primary author who has reviewed and approved the entry.</p> | 9% |

