

**New Jersey Department of Human Services (DHS)
Division of Aging Services (DoAS)
PACE Administration
PO Box 807
Trenton, NJ 08625-0807**

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: _____