

**PACE**  
**Program of All Inclusive Care for the Elderly**  
**Annual Recertification Waiver Request Form**

Request to waive the annual recertification assessment requirement for nursing facility level of care.

Complete the information below and attach all required documents listed on the form and submit to Oklahoma Health Care Authority (OHCA) PACE staff within 60 days prior to the due date for annual recertification.

OHCA will initiate review of the request when all of the documents have been received. Omitting any information requested above may delay approval and jeopardize a participant's eligibility for continued enrollment in PACE.

Required Documentation:

- Justification summary from the Interdisciplinary Team (IDT)
- Initial and most recent LOC assessment
- Diagnosis of a chronic and/or disabling condition
- Most recent comprehensive assessment by relevant disciplines
- Medications and treatment records
- Other relevant documentation supporting the request.

Name of PACE Organization: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Participant I.D Number: \_\_\_\_\_

Approved/ Date: \_\_\_\_\_

Denied / Date: \_\_\_\_\_

Name and Title of  
Reviewer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_