



# PACE Attestations

**Selected Contract #: Hxxxx**  
**Application Type:** SAE  
**Organization Type:** National PACE  
**Plan Type:** National PACE

<b>Section: Trial Period</b>	
<b>Trial Period</b>	
<p><b>3.0</b> The purpose of this section is to ensure that SAE applicants have successfully completed the first trial period audit in order to be able to proceed with the submission of a SAE application.</p>	
<p><b>1.</b> Applicant acknowledges that the first trial period audit has been successfully completed.</p> <p>(In accordance with Chapter 17 of the PACE manual, if the response is "No," the applicant may not proceed with the SAE application because CMS will only approve an expansion application after an organization has completed the first trial period audit and achieved an acceptable corrective action plan for the initial PACE center and service area.)</p>	<p><input type="radio"/> Yes  <input type="radio"/> No</p>
<b>Section: Service Area</b>	
<b>Service Area</b>	
<p><b>3.1</b> The purpose of this section is to ensure that all PACE applicants define the proposed geographic area that will be served consistent with the requirements of 42 CFR §460.22, §460.70, and §460.98.</p>	
<p><b>1.</b> Applicant ensures that contracted services are accessible to participants and located near or within the geographic service area as specified in 42 CFR §460.70(b)(2).</p>	<p><input type="radio"/> Yes  <input type="radio"/> No</p>
<p><b>2.</b> Applicant agrees to operate at least one PACE center within or contiguous to the geographic service area with capacity to allow routine attendance by participants as specified in 42 CFR §460.98(d)(1).</p>	<p><input type="radio"/> Yes  <input type="radio"/> No</p>
<p><b>B.</b> In HPMS, on the Contract Management/Contract Service Area/Service Area Data page, enter the state and county information for the area the Applicant proposes to serve.</p>	
<p><b>C.</b> In the Documents Section, provide a detailed map, with a scale of the complete geographic service area that includes county, zip code, street boundaries, census tract or block or tribal jurisdiction and main traffic arteries, physical barriers such as mountains and rivers and location of the PACE center (including the address of the PACE center facility), hospital providers, ambulatory and institutional services sites. Depict on the map the mean travel time from the farthest points on the geographic boundaries to the nearest ambulatory and institutional service sites.</p> <p>Note: The map must be developed in accordance with 42 CFR §460.22, §460.70, and §460.98.</p>	
<b>Section: Legal Entity and Organizational Structure</b>	
<b>Legal Entity and Organizational Structure</b>	
<p><b>3.2</b> The purpose of this section is to ensure that all PACE applicants are organized under State law and have a current chart outlining the organizational structure consistent with the requirements of 42 CFR §460.60.</p>	
<p><b>1.</b> Applicant ensures that the corporate entity that signs the Program Agreement has the legal authority to do so.</p>	<p><input type="radio"/> Yes  <input type="radio"/> No</p>
<p><b>2.</b> Applicant agrees that the Program Director is responsible for oversight and administration of the entity (42 CFR §460.60(b)).</p>	<p><input type="radio"/> Yes  <input type="radio"/> No</p>

<p><b>3.</b> Applicant agrees that the Medical Director is responsible for delivery of participant care, clinical outcomes and implementation and oversight of the quality assessment and performance improvement (QAPI) program (42 CFR §460.60(c)).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>4.</b> Applicant agrees to maintain an up-to-date organizational chart indicating the persons and titles of all officials in the PACE organization (42 CFR §460.60(d)).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>5.</b> Applicant agrees to indicate relationships to the corporate board, parent, affiliates, and subsidiary corporate entities in an organizational chart.  Note: If the applicant is not part of a corporate entity, then the applicant should respond "N/A"</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>
<p><b>6.</b> Applicant agrees to notify CMS and SAA in writing at least 14 days before a change in the organizational structure takes effect (42 CFR §460.60(d)(3)).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>7.</b> For any change in organizational structure that includes a Change of Ownership, the applicant agrees to abide by the general provisions described in the MA regulations at 42 CFR 422.550.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>8.</b> Applicant ensures that they are organized to operate within the state consistent with all applicable state laws.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>9.</b> If planning to do business as (d.b.a.) under a name that is different from the names of the organization, applicant attests that it has state approval for the d.b.a.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

**B.**In the Documents Section, upload a description of the organizational structure of the PO, including the relationship to, at a minimum, the governing body, program director, medical director, and to any parent, affiliate or subsidiary entity.

**Section: Governing Body**

**Governing Body**

**3.3** The purpose of this section is to ensure that all PACE applicants have appropriate resources and structures available to effectively and efficiently manage administrative issues associated with PACE organization operations and participant concerns consistent with the requirements of 42 CFR §460.62.

<p><b>1.</b> Applicant ensures operation under an identifiable governing body such as a board of directors or a designated person functioning as such who provides oversight and authority for the following functions:</p> <ul style="list-style-type: none"> <li>• Governance and operation;</li> <li>• Development of policies consistent with its mission;</li> <li>• Management and provision of all services, including the management of subcontractors;</li> <li>• Personnel policies (that address adequate notice of termination by employees or contractors with direct participant care responsibilities);</li> <li>• Fiscal operations;</li> <li>• Development of policies on participant health and safety; and</li> <li>• QAPI program.</li> </ul> <p>(see 42 CFR §460.62(a))</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>2.</b> Applicant ensures a Participant Advisory Committee is established of which the majority consists of participants and participant representatives who advise the governing body on participant concerns and provide them with meeting minutes that include participant issues (42 CFR §460.62(b)).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>3.</b> Applicant agrees to appoint a participant representative to act as a liaison between the governing body and Participant Advisory Committee, to present participant issues to the governing body and to ensure community representation (42 CFR §460.62(c)).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
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**B.** In the Documents Section, upload a current list of the governing body members and their titles and indicate which members are PACE participant representative(s). Include the name and phone number of a contact for the governing body and the name and phone number of the PACE Program Director responsible for oversight and administration as described in 42 CFR §460.60(b).

**Section: Fiscal Soundness**

**Fiscal Soundness**

**3.4** The purpose of this section is to ensure that all PACE applicants meet the financial requirements consistent with 42 CFR §460.80, §460.204, and §460.208. CMS reserves the right to request additional financial information such as the most recent audited annual financial statements, most recent unaudited financial statements, and financial projections as it sees fit to determine if the applicant is maintaining a fiscally sound operation.

**1.** Applicant maintains a fiscally sound operation as specified in 42 CFR §460.80(a)(1-3):

- Total assets greater than total unsubordinated liabilities;
- Sufficient cash flow and adequate liquidity to meet obligations as they become due; and
- A net operating surplus or a financial plan for maintaining solvency that is satisfactory to CMS and the State administering agency (SAA).

Yes  
 No

**Note:** The documents requested below are not required uploads for the service area expansion application, but may be requested as part of the Request for Additional Information (RAI) process if CMS is unable to verify that the applicant is maintaining a fiscally sound operation.

**B.** In the Documents Section, upload the most recent independently audited financial statements. Audits provided in the Documents section of the application, must include:

- Opinion of a certified public accountant;
- Statement of revenues and expenses;
- Balance sheet;
- Statement of cash flows;
- Explanatory notes; and
- Statements of changes in net worth.

**C.** In the Documents Section, upload the most recent year-to-date unaudited financial statements of the PACE legal entity.

**D.** In the Documents Section, upload financial projections. Note: Provide financial projections through one year beyond break-even. (Financial projections should be prepared using the accrual method of accounting in conformity with generally accepted accounting principles (GAAP). Prepare projections using the pro-forma financial statement methodology. For a line of business, assumptions need only be submitted to support the projections of the line.) Projections must include:

- Opening and annual balance sheet
- Quarterly statements of revenues and expenses for legal entity
- Projections in gross dollars which include year-end totals. (In cases where the plan is a line of business, the applicant should also complete a statement of revenue and expenses for the line of business).
- Statement and justification of assumptions
- State major assumptions in sufficient detail to allow an independent financial analyst to reconstruct projected figures using only the stated assumptions;
- Include operating and capital budget breakdowns;
- Address all periods for which projections are made and include inflation assumptions;
- Justify assumptions to the extent that an independent financial analyst would be convinced that they are reasonable; and
- Base justification on such factors as the applicant's experience and the experience of other POs.

**Section: Marketing**

**Marketing**

**3.5** The purpose of this section is to ensure that all PACE applicants develop a plan for marketing and marketing materials consistent with the requirements of 42 CFR §460.82 and PACE Manual Chapter 3 Marketing Guidelines.

**1.** Applicant agrees to follow PACE Manual Chapter 3 Marketing Guidelines when informing the public about its program and giving prospective participants written information on the following:

- Description or list of benefits and services;
- Description of premiums or other payment responsibilities; and
- Other information necessary for prospective participants to make an informed decision about enrollment.

Yes  
 No

<p><b>2.</b> Applicant agrees that the following information on restriction in services is included in their marketing materials:</p> <ul style="list-style-type: none"> <li>Participant must receive all needed health care, including primary care and specialist physician services (other than emergency services), from the PO or from an entity authorized by the PO; and</li> <li>Participants may be fully and personally liable for the costs of unauthorized or out-of-network services.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>3.</b> Applicant agrees that the marketing material is free of inaccuracies, misleading information, or misrepresentations.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>4.</b> Applicant agrees to make marketing materials available to prospective and current participants in English and other languages specified by the SAA, and in Braille, if necessary.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>5.</b> Applicant agrees to submit marketing material to the HPMS module and obtain CMS Regional Office approval of all marketing information before distribution.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>6.</b> Applicant agrees that its employees or agents will not use the following prohibited marketing practices in accordance with 42 CFR 460.82(e)(1-5):</p> <ul style="list-style-type: none"> <li>Discrimination of any kind, except that marketing may be directed to individuals eligible for PACE by reason of their age;</li> <li>Activities that could mislead or confuse potential participants or misrepresent the PO, CMS, or the SAA;</li> <li>Gifts or payment to induce enrollment;</li> <li>Contracting outreach efforts to individuals or organizations whose sole responsibility involves direct contact with the elderly to solicit enrollment; and</li> <li>Unsolicited door-to-door marketing.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>7.</b> Applicant agrees to establish, implement, and maintain a marketing plan with measurable enrollment objectives and a system for tracking effectiveness in accordance with 42 CFR §460.82(f).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>8.</b> Applicant agrees that its employees or agents will not use any marketing practices that are prohibited according to PACE regulation at 42 CFR §460.82.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

**NOTE:**Marketing materials for both initial and SAE applications are captured separately, via the HPMS PACE marketing module. Applicants must submit marketing materials to the HPMS marketing module for CMS/state review and approval within 5 days of the submission of the application. (Note: Initial applicants must first hit the "Final Submit" button for the application itself, at which point the contract will be made available in the HPMS marketing module. The action of hitting the final submit button for an application submittal does not preclude the PO from submitting marketing materials.) After the application is submitted, CMS will communicate the name of the CMS and state marketing reviewers to the applicant and the applicant may then submit all marketing materials associated with its marketing plan via the HPMS marketing module. When submitting the materials, initial and SAE applicants must include the contract number and "Initial Application" or "SAE Application" in the comments field of the marketing submission (e.g., Hxxxx Initial Application). Note that SAE applicants need only submit new or revised marketing material to the HPMS PACE Marketing Module for review. Initial PACE applicants may not begin marketing until they have been approved and have received a copy of their program agreement signed by all parties; SAE applicants may not begin marketing in the expanded geographic area, as applicable, until the SAE has been approved and the PO has received the amended program agreement, accompanied by an approval letter from CMS.

**Section: Explanation of Rights**

**Explanation of Rights**

**3.6** The purpose of this section is to ensure that all PACE applicants have a Participant Bill of Rights, and policies and procedures consistent with the requirements of 42 CFR §460.110, §460.112, §460.116, and §460.118.

<p><b>1.</b> Applicant's policies and procedures ensure that the participant, his or her representative, if any, understand their participant rights as specified in 42 CFR §460.110 §460.112, §460.116, and §460.118.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>2.</b> Applicant's policies and procedures ensure that staff (employed and contracted) are educated and understand participant rights as specified in 42 CFR §460.110 §460.112, §460.116, and §460.118.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>3.</b> Applicant agrees to explain the rights to the participant at the time of enrollment in a manner understood by the participant as specified in 42 CFR §460.110(b), §460.112, and §460.116(b).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>4.</b> Applicant agrees to meet the following requirements:</p> <ul style="list-style-type: none"> <li>Write the participant's rights in English and in any other principal languages of the community; and</li> <li>Display the participant's rights in a prominent place in the PACE center as specified in 42 CFR §460.116(c).</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

5. Applicant ensures that their procedures respond to and rectify a violation of a participant's rights in 42 CFR §460.118.	<input type="radio"/> Yes <input type="radio"/> No
6. Applicant agrees to explain advance directives to participants, and establish them, if the participant so desires, as specified in 42 CFR 460.112(e)(2).	<input type="radio"/> Yes <input type="radio"/> No
<b>B.</b> In the Documents Section, upload a copy of your Participant Bill of Rights.	
<b>Section: Grievances</b>	
<b>Grievances</b>	
3.7 The purpose of this section is to ensure that all PACE applicants have a formal written process for participants, their family members or representatives to express dissatisfaction with service delivery or the quality of care furnished consistent with the requirements of 42 CFR §460.120.	
1. Applicant agrees to have a formal written process to evaluate and resolve medical and non-medical grievances by participants, their family members, or representatives, that includes the following: <ul style="list-style-type: none"> <li>• How a participant files a grievance;</li> <li>• Documentation of a grievance;</li> <li>• Response to and resolution to a grievance in a timely manner; and</li> <li>• Maintenance of confidentiality of the grievance (see 42 CFR §460.120(a)).</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
2. Applicant agrees to document all expressions of dissatisfaction with service delivery or quality of care furnished, whether written or oral (42 CFR §460.120).	<input type="radio"/> Yes <input type="radio"/> No
3. Applicant agrees to provide participants with written information of the grievance process upon enrollment, and annually thereafter (42 CFR §460.120(b)).	<input type="radio"/> Yes <input type="radio"/> No
4. Applicant agrees to furnish all required services to participants during the grievance process (42 CFR §460.120(d)).	<input type="radio"/> Yes <input type="radio"/> No
5. Applicant agrees to discuss the specific steps that will be taken to resolve the grievance, including timeframes for a response (42 CFR §460.120(e)).	<input type="radio"/> Yes <input type="radio"/> No
6. Applicant agrees to maintain, aggregate and analyze information on grievance proceedings, and use this information in the internal QAPI program (42 CFR §460.120(f)).	<input type="radio"/> Yes <input type="radio"/> No
<b>B.</b> In the Documents Section, upload a copy of your policies and procedures for grievances. Note the policies and procedures should specify whether the timeframes for responding to grievances are calendar days or business days.	
<b>Section: Appeals</b>	
<b>Appeals</b>	
3.8 The purpose of this section is to ensure that all PACE applicants have a formal written appeals process consistent with the requirements 42 CFR §460.104, §460.122, and §460.124.	
1. Applicant agrees to have a formal written process, with specified timeframes for response, to address non coverage of or nonpayment of a service, that includes the following as specified in 42 CFR §460.122(a), and 42 CFR §460.122(c): <ul style="list-style-type: none"> <li>• Written denials of coverage or payment are prepared and processed timely;</li> <li>• How a participant files an appeal;</li> <li>• Documentation of participant's appeal;</li> <li>• Credentialed and impartial third party, not involved in the original action and without a stake in the outcome of the appeal, will be appointed to review the participant's appeal;</li> <li>• Appeals will be responded to and resolved as expeditiously as the participant's health condition requires, but no later than 30 calendar days after the organization receives the appeal; and</li> <li>• Confidentiality of a participant's appeal is maintained.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
2. Applicant agrees to provide participants written information on the appeals process upon enrollment, annually thereafter, and whenever the interdisciplinary team (IDT) denies a request for services or payment as specified in 42 CFR §460.122(b), and 42 CFR §460.124.	<input type="radio"/> Yes <input type="radio"/> No

<p><b>3.</b> Applicant agrees to appoint an appropriately credentialed impartial third party and give all parties involved in the appeal appropriate written notification and a reasonable opportunity to present evidence related to the dispute in person, and in writing as specified in 42 CFR §460.122(c) and 42 CFR §460.122(d).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>4.</b> Applicant agrees to furnish the disputed services to Medicaid participants until issuance of the final determination, if the following conditions are met as specified in 42 CFR §460.122(e)(1):</p> <ul style="list-style-type: none"> <li>• The PO is proposing to terminate or reduce services currently being furnished to the participant; and</li> <li>• The participant requests continuation of the service with the understanding that he or she may be liable for the costs of the contested service if the determination is not made in his or her favor.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>5.</b> Applicant agrees to furnish all other required services to the participant as specified in 42 CFR §460.122(e)(2).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>6.</b> Applicant agrees to furnish the disputed service as expeditiously as the participant's health condition requires, if a determination is made in favor of the participant on appeal as specified in 42 CFR §460.122(g).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>7.</b> Applicant agrees to notify CMS, the SAA and the participant at the time a decision is made that is wholly or partially adverse to the participant as specified in 42 CFR §460.122(h).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>8.</b> Applicant agrees to maintain, aggregate and analyze information on appeal proceedings, and use this information in the internal QAPI program as specified in 42 CFR §460.122(i).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>9.</b> Applicant agrees to have an expedited appeals process for situations in which the participant believes that his or her life, health, or ability to regain maximum function could be seriously jeopardized, absent provision of the service in dispute as specified in 42 CFR §460.122(f).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>10.</b> Applicant agrees to respond to an expedited appeal as expeditiously as the participant's health condition requires, but no later than 72 hours after the organization receives the appeal as specified in 42 CFR §460.104(d)(2)(ii), and 42 CFR §460.122(f)(2).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>11.</b> Applicant agrees to make its participants aware that the applicant can extend the 72-hour timeframe for an expedited appeal by up to 14 calendar days for either of the following reasons as specified in 42 CFR §460.104(d)(2)(iii) and 42 CFR §460.122(f)(3):</p> <ul style="list-style-type: none"> <li>• The participant requests the extension; and</li> <li>• The organization justifies to the SAA the need for additional information and how the delay is in the interest of the participant.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>12.</b> Applicant agrees to do the following as specified in 42 CFR §460.124:</p> <ul style="list-style-type: none"> <li>• Inform a participant in writing of his or her additional appeal rights under Medicare or Medicaid managed care, or both; and</li> <li>• Assist the participant in choosing which external appeal avenue to pursue, and forward the appeal to the appropriate external entity.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>B.</b> In the Documents Section, upload your policies and procedures for the appeals process. Note: This process must be developed in accordance with 42 CFR §460.122.</p>	
<p><b>C.</b> In the Documents Section, upload your policies and procedures for informing participants of their additional appeals rights under Medicare and/or Medicaid, including the process for filing further appeals. Note: Policies and procedures must be developed in accordance with 42 CFR §460.124.</p>	
<p><b>Section: Enrollment</b></p>	
<p><b>Enrollment</b></p>	
<p><b>3.9</b> The purpose of this section is to ensure that all PACE applicants enroll participants into the PACE program consistent with the requirements at 42 CFR §460.150, §460.152, §460.154, §460.156, §460.158, and §460.160.</p>	

<p><b>1.</b> Applicant agrees to enroll individuals who meet all of the following eligibility requirements as specified in 42 CFR §460.150(b), and 42 CFR §460.150(c):</p> <ul style="list-style-type: none"> <li>• Is 55 years of age or older;</li> <li>• Is determined by the SAA to need the nursing facility services level of care for coverage under the State Medicaid plan;</li> <li>• Resides in the PO service area;</li> <li>• Meets any additional program specific eligibility conditions imposed under the PACE program agreement; and</li> <li>• Able to live in a community setting without jeopardizing his or her health or safety as determined by criteria specified in the program agreement.</li> <li>• PACE enrollee may be, but is not required to be, any or all of the following: (1) entitled to Part A, (2) enrolled under Part B, (3) Eligible for Medicaid, (4) private pay.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>2.</b> Applicant agrees to comply with the requirements of 42 CFR §460.150(d) and not restrict enrollment based on Medicare or Medicaid eligibility.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>3.</b> Applicant agrees that the enrollment agreement minimally includes the requirements as specified in 42 CFR §460.154.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>4.</b> Applicant agrees that the intake process minimally includes the following activities for PACE staff and the potential participant, representative, and/or caregiver as specified in 42 CFR §460.152(a):</p> <ul style="list-style-type: none"> <li>• Exhibits and explains each element of the enrollment agreement;</li> <li>• Informs participant that PACE is the sole service provider;</li> <li>• Informs participant that PACE guarantees access to all necessary services, but not access to specific providers;</li> <li>• Provides a list of employed and contracted staff who deliver PACE services;</li> <li>• Discloses required monthly premium if applicable;</li> <li>• Discloses Medicaid spend-down obligations if applicable;</li> <li>• Discloses post-eligibility treatment of income if applicable;</li> <li>• Requires a signed release form for PACE to obtain medical, financial, and Medicare and Medicaid eligibility information;</li> <li>• Requires assessment by the SAA to determine eligibility for nursing facility services (NF) level of care coverage under the State Medicaid Plan; and</li> <li>• Requires assessment by the PACE staff to determine if they can be cared for appropriately in a community setting and that the individual meets all PACE eligibility criteria.</li> </ul> <p>Note: Intake is an intensive process during which PACE staff members make one or more visits to a potential participant's residence and the potential participant makes one or more visits to the PACE center.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>5.</b> Applicant agrees to do the following when enrollment is denied to a prospective participant because his/her health or safety would be jeopardized by living in the community as specified in 42 CFR §460.152(b):</p> <ul style="list-style-type: none"> <li>• Notify the individual in writing of the reason for the denial;</li> <li>• Refer the individual to alternative services, as appropriate;</li> <li>• Maintain supporting documentation of the written notification; and</li> <li>• Notify CMS and SAA and make documentation available for review.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>6.</b> Applicant agrees to give the enrolled participant the following items as specified in 42 CFR §460.156(a):</p> <ul style="list-style-type: none"> <li>• A copy of the enrollment agreement;</li> <li>• A PACE membership card;</li> <li>• Emergency information to be posted in the participant's residence explaining PACE membership and how to access emergency services; and</li> <li>• PACE program stickers for Medicare and Medicaid cards that include the PACE phone number.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>7.</b> Applicant agrees to submit participant information to CMS and SAA in accordance with established procedures as specified in 42 CFR §460.156(b).</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>8.</b> Applicant agrees to meet the following requirements when making necessary changes in the enrollment agreement as specified in 42 CFR §460.156(c):</p> <ul style="list-style-type: none"> <li>• Give an updated copy to the participant; and</li> <li>• Explain the changes to the participant, caregiver, or representative in a way they understand.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>9.</b> Applicant ensures that the effective date for participant enrollment in the PACE program is the first day of the calendar month following the date the PO receives the signed enrollment agreement as specified in 42 CFR §460.158.</p>	<input type="radio"/> Yes <input type="radio"/> No

<p><b>10.</b> Applicant agrees to continue enrollment until the participant's death, regardless of changes in health status, unless either of the following actions occur as specified in 42 CFR §460.160(a):</p> <ul style="list-style-type: none"> <li>• The participant voluntarily disenrolls; or</li> <li>• The participant is involuntarily disenrolled in accordance with PACE regulations.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>11.</b> Applicant agrees to cooperate with the annual SAA reevaluation of the participant's continued need for nursing facility level of care as required under the State Medicaid plan. If the SAA permanently waives the requirement due to SAA determination that there is no reasonable expectation of improvement or significant change in the participant's condition, applicant agrees to maintain documentation of SAA waiver and justification in the participant's medical record as specified in 42 CFR §460.160(b)(1).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>12.</b> Applicant agrees to continue enrollment for the participant who no longer meets the State Medicaid nursing facility level of care, if the SAA deems the participant eligible to continue until the next annual reevaluation because the participant reasonably would be expected to meet the nursing facility level of care requirement within the next 6 months without continued participation in the PACE program as specified in 42 CFR §460.160(b)(2).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>13.</b> Applicant agrees to work in consultation with the SAA in making a determination of deemed continued eligibility as specified in 42 CFR §460.160(b)(3):</p> <ul style="list-style-type: none"> <li>• Use the SAA established criteria for "deemed continued eligibility" which is determined through applying the criteria to a review of the medical record and plan of care and is specified in the program agreement.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

**B.** In the Documents Section, upload policies and procedures for eligibility and enrollment, including the State's criteria used to determine if individuals are able to live in a community setting without jeopardizing their health or safety.

**C.** In the Documents Section, upload any additional enrollment criteria.

Note: The policies and procedures for eligibility and enrollment must be developed in accordance with 42 CFR §460.150, §460.152, §460.154, §460.156, §460.158, and §460.160.

**Note:** Applicants are to submit a copy of the enrollment agreement, consistent with the requirements stipulated in §460.154, to the HPMS PACE marketing module for review and approval.

**Section: Disenrollment**

**Disenrollment**

**3.10** The purpose of this section is to ensure that all PACE applicants voluntarily or involuntarily disenroll participants and reinstate them in other Medicare and Medicaid Programs, or the PACE program consistent with the requirements of 42 CFR §460.162 §460.164, §460.166, §460.168, §460.170, and §460.172.

<p><b>1.</b> Applicant agrees to meet the following requirements regarding documentation for disenrollment as specified in 42 CFR §460.172:</p> <ul style="list-style-type: none"> <li>• Have a policy and procedure in place to document the reasons for all voluntary and involuntary disenrollments;</li> <li>• Make documentation available for review by CMS and the SAA; and</li> <li>• Use the internal QAPI program to review documentation on voluntary disenrollment.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>2.</b> Applicant agrees to execute disenrollment for any participant initiating voluntary disenrollment from the program without cause at any time as specified in 42 CFR §460.162.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>



<p><b>3.</b> Applicant agrees that involuntary disenrollment of a participant will only be initiated for any of the following reasons as specified in 42 CFR §460.164(a), and 42 CFR §460.164(b):</p> <ul style="list-style-type: none"> <li>Participant fails to pay, or to make satisfactory arrangements to pay, any premium due the PO after a 30-day grace period;</li> <li>Participant moves out of the PACE program service area or is out of the service area for more than 30 consecutive days, unless the PO agrees to a longer absence due to extenuating circumstances;</li> <li>Participant is determined to no longer meet the State Medicaid nursing facility level of care requirements and is no longer deemed eligible;</li> <li>PACE program agreement with CMS and the SAA is not renewed or is terminated;</li> <li>PO is unable to offer health care services due to the loss of State licenses or contracts with outside providers;</li> <li>Participant engages in disruptive or threatening behavior by exhibiting behavior that jeopardizes his or her health or safety, or the safety of others; and</li> <li>Participant with decision-making capacity refuses to comply with the care plan or terms of the enrollment agreement.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>4.</b> Applicant agrees to have a policy and procedure that includes documentation requirements for disenrollment of a participant with disruptive or threatening behavior as specified in 42 CFR §460.164(c) that includes:</p> <ul style="list-style-type: none"> <li>Reason for the proposed involuntary disenrollment; and</li> <li>Efforts to remedy the situation.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>5.</b> Applicant agrees not to involuntarily disenroll a participant who engages in non-compliant behavior if the behavior (including repeated non-compliance with medical advice and repeated failure to keep appointments) is related to a mental or physical condition unless the behavior jeopardizes his or her health or safety, or the safety of others as specified in 42 CFR §460.164(d).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>6.</b> Applicant agrees to ensure that before an involuntary disenrollment is effective, the SAA reviewed and determined that the applicant has adequately documented acceptable grounds for disenrollment as specified in 42 CFR §460.164(e).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>7.</b> Applicant agrees to take the following actions in executing the disenrollment as specified in 42 CFR §460.166(a), and 42 CFR §460.166(b)(2):</p> <ul style="list-style-type: none"> <li>Use the most expedient process allowed under Medicare and Medicaid procedures and set forth in the PACE program agreement;</li> <li>Coordinate the disenrollment date between Medicare and Medicaid (for dual eligible participants);</li> <li>Give reasonable advance notice to the participant; and</li> <li>Continue to deliver PACE services to the participant until the date enrollment is terminated.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>8.</b> Applicant agrees to establish a disenrollment policy and procedure to ensure that the participant is aware they must continue to use PACE services and remain liable for PACE premiums until the disenrollment is effective as specified in 42 CFR §460.166(b)(1).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>9.</b> Applicant agrees to take the following actions to facilitate a participant's reinstatement in other Medicare and Medicaid programs after disenrollment as specified in 42 CFR §460.168:</p> <ul style="list-style-type: none"> <li>Make appropriate referrals and transmit copies of medical records to new providers in a timely manner; and</li> <li>Work with CMS and SAA to reinstate the participant in other Medicare and Medicaid programs for which the participant is eligible.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>10.</b> Applicant agrees to permit a previously disenrolled participant to be reinstated in the PACE program as specified in 42 CFR §460.170(a).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>11.</b> Applicant agrees to reinstate a previously disenrolled participant with no break in coverage if the reason for disenrollment is failure to pay the premium, and the participant pays the premium before the effective date of disenrollment as specified in 42 CFR §460.170(b).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>B.</b> In the Documents Section, upload a copy of the Voluntary Disenrollment policies and procedures.</p>	
<p><b>C.</b> In the Documents Section, upload a copy of the Involuntary Disenrollment policies and procedures.</p>	
<p><b>Section: Personnel Compliance</b></p>	
<p><b>Personnel Compliance</b></p>	
<p><b>3.11</b> The purpose of this section is to ensure that all PACE applicants have a written plan for personnel training and competency compliance that is consistent with the requirements of 42 CFR §460.64, §460.66, §460.68, and §460.71.</p>	

<p><b>1.</b> Applicant ensures that staff having direct participant contact, (employed and contracted) meet the following conditions as specified in 42 CFR §460.64:</p> <ul style="list-style-type: none"> <li>• Are legally authorized (e.g., currently licensed, registered, or certified if applicable) to practice in the state in which they perform the function or action as evidenced by primary verification of licenses or certifications;</li> <li>• Act within the scope of their authority to practice;</li> <li>• Have one year of experience with a frail or elderly population;</li> <li>• Meet a standardized set of competencies for the specific position description established by the applicant and approved by CMS prior to working independently; and</li> <li>• Be medically cleared for communicable diseases and have all immunizations up-to-date prior to engaging in direct participant contact.</li> </ul> <p>Note: In addition to the qualifications specified above, applicant ensures that physicians meet the qualifications and conditions in §410.20.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>2.</b> Applicant agrees to provide training to maintain and improve the skills and knowledge of each staff member with respect to the individuals specific duties that results in his or her continued ability to demonstrate the skills necessary for the performance of the position as specified in 42 CFR §460.66(a).</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>3.</b> Applicant agrees to develop a training program as specified in 42 CFR §460.66(b) for each personal care attendant to establish the individual's competency on furnishing personal care services and specialized skills associated with specific care needs of individual participants.</p> <p>Personal care attendants must exhibit competency before performing personal care services independently as specified in 42 CFR §460.66(c).</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>4.</b> Applicant agrees to provide each staff (employed and contracted) with an orientation that includes the organization's mission, philosophy, policies on participant rights, emergency plan, ethics, the PACE benefit, and any policies related to the job duties of specific staff prior to working independently as specified in 42 CFR §460.71(a)(1).</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>5.</b> Applicant agrees to develop a competency evaluation program that identifies those skills, knowledge, and abilities that must be demonstrated by direct participant care staff (employees and contractors) as specified in 42 CFR §460.71(a)(2). Applicant also agrees that the competency program must be evidenced as completed before performing participant care and on an ongoing basis by qualified professionals as specified in 42 CFR §460.71(a)(3).</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>6.</b> Applicant agrees to designate a staff member to oversee the orientation and competency evaluation programs for employees and work with the PACE contractor liaison to ensure compliance by contracted staff as specified in 42 CFR §460.71(a)(4).</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>7.</b> Applicant ensures that all staff (employed and contracted) furnishing direct participant care services meet the following requirements as specified in 42 CFR §460.71(b):</p> <ul style="list-style-type: none"> <li>• Comply with State or Federal requirements for direct patient care staff in their respective settings;</li> <li>• Comply with Requirements of 42 CFR §460.68(a), regarding persons with criminal convictions;</li> <li>• Have verified current certifications or licenses for their respective positions;</li> <li>• Are free of communicable diseases and are up to date with immunizations before performing direct patient care;</li> <li>• Have been oriented to the PACE program; and</li> <li>• Agree to abide by the philosophy, practices, and protocols of the PO.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No

**Section: Program Integrity**

**Program Integrity**

**3.12** The purpose of this section is to ensure that all PACE applicants employ individuals or contract with organizations consistent with the requirements of 42 CFR §460.68.

<p><b>1.</b> Applicant agrees to comply with requirements of 42 CFR §460.68(a) and attests that it will not employ or contract with individuals who have been excluded from participation in the Medicare or Medicaid programs, who have been convicted of criminal offenses related to their involvement in health or social service programs, or in any capacity where an individuals' contact with participants would pose a potential risk because the individual has been convicted of physical, sexual, drug or alcohol abuse.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>2.</b> Applicant agrees to comply with requirements of 42 CFR §460.68(b) regarding identification of members of its governing body or any immediate family member having a direct or indirect interest in contracts, and attests that it will have disclosure and recusal policies and procedures to ensure compliance with 42 CFR §460.68(b) and (c).</p>	<input type="radio"/> Yes <input type="radio"/> No

**Section: Contracted Services**

**Contracted Services**

**3.13** The purpose of this section is to ensure that all PACE applicants execute contracts consistent with the requirements of 42 CFR §460.70, §460.71, §460.80, §460.98, and §460.100.

<p><b>1.</b> Applicant agrees that the organization will have a written contract with each outside organization, agency, or individual that delivers administrative or care-related services not furnished directly by the PO except for emergency services as specified in 42 CFR §460.70(a), and 42 CFR §460.100.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>2.</b> Applicant agrees that the organization will only execute a contract with contractors that meet all applicable Federal and State requirements including, but not limited, to the following as specified in 42 CFR §460.70(b)(1), §460.70(b)(2), §460.98, and §460.100:</p> <ul style="list-style-type: none"> <li>• An institutional contractor such as a hospital or skilled nursing facility must meet Medicare or Medicaid participation requirements;</li> <li>• A practitioner or supplier must meet Medicare or Medicaid requirements applicable to the services delivered;</li> <li>• Contractors must comply with the PACE requirements for service delivery, participant rights, and participation in QAPI activities; and</li> <li>• Contractors must be accessible to participants and located either within or near the PO's service area.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>3.</b> Applicant agrees that the organization designates an official liaison to coordinate activities between contractors and the organization as specified in 42 CFR §460.70(b)(3).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>4.</b> Applicant agrees to maintain a current list of all contractors on file at the PACE center and distribute the list to anyone upon request as specified in 42 CFR §460.70(c).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>5.</b> Applicant agrees to develop an oversight process that the PO will use to ensure that contracts and contractors meet PACE program and Federal requirements, inclusive of being HIPAA compliant.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>6.</b> Applicant agrees that each contract contains the requirements as specified in 42 CFR §460.70(d).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>7.</b> Applicant acknowledges it cannot contract with another entity to furnish PACE Center Services unless it is fiscally sound as defined in 42 CFR §460.80(a), and has demonstrated competence with the PACE model as evidenced by successful monitoring by CMS and the SAA.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

**Section: Required Services**

**Required Services**

**3.14** The purpose of this section is to ensure that all PACE applicants provide a benefit package for PACE participants consistent with the requirements of 42 CFR §460.92, and 42 CFR §460.96.

<p><b>1.</b> Applicant agrees to provide a PACE benefit package for all participants, regardless of the source of payment as specified in 42 CFR §460.92, that includes the following:</p> <ul style="list-style-type: none"> <li>• All Medicare-covered items and services;</li> <li>• All Medicaid-covered items and services as specified in the State's approved Medicaid plan; and</li> <li>• Other services that the IDT determines are necessary to improve and maintain the participant's overall health status.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>2.</b> Applicant agrees to provide a PACE benefit package for all participants, regardless of the source of payment as specified in 42 CFR §460.96, that excludes the following:</p> <ul style="list-style-type: none"> <li>• Services not authorized by the IDT, even if a required service, unless it is an emergency service;</li> <li>• Inpatient private room and/or private duty nursing (unless medically necessary) and non-medical items for personal convenience (unless authorized by IDT);</li> <li>• Cosmetic surgery, which does not include surgery that is required for improved functioning of a malformed part of the body resulting from an accidental injury or for reconstruction following mastectomy;</li> <li>• Experimental medical, surgical, or other health procedures; and</li> <li>• Services delivered outside the United States (except for those services furnished in accordance with regulatory requirements and as permitted under the State's approved Medicaid Plan).</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

**Section: Service Delivery**

**Service Delivery**

<p><b>3.15</b> The purpose of this section is to ensure that all PACE applicants have a written plan to furnish care that meets the needs of each participant consistent with the requirements of 42 CFR §460.98, and §460.102.</p>	
<p><b>1.</b> Applicant agrees to establish and implement a written plan to furnish care that meets the needs of each participant in all care settings 24 hours a day, every day of the year as specified in 42 CFR §460.98(a).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>2.</b> Applicant agrees to provide services as specified in 42 CFR §460.98(b):</p> <ul style="list-style-type: none"> <li>• Including comprehensive medical, health, and social services that integrate acute and long-term care; and</li> <li>• Are delivered in the PACE center, the participant residence, and inpatient facilities to all participants without discrimination based on race, ethnicity, national origin, religion, sex, age, sexual orientation, mental or physical disability, or source of payment.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>3.</b> Applicant agrees, at a minimum, to provide the following services as specified in 42 CFR §460.98(c):</p> <ul style="list-style-type: none"> <li>• Primary care including physician and nursing services;</li> <li>• Social services;</li> <li>• Restorative therapies including physical therapy and occupational therapy;</li> <li>• Personal care and supportive services;</li> <li>• Nutritional counseling;</li> <li>• Recreational therapy;</li> <li>• Meals; and</li> <li>• Care management by an interdisciplinary care team.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>4.</b> Applicant agrees to operate at least one PACE center in or contiguous to its defined service area that meet the following conditions as specified in 42 CFR §460.98(d) and 42 CFR §460.98(e):</p> <ul style="list-style-type: none"> <li>• Have sufficient capacity to allow routine attendance by participants;</li> <li>• Is accessible and has adequate services to meet the needs of its participants;</li> <li>• Offers the full range of services with sufficient staff to meet the needs of participants at each center if the PO operates more than one center; and</li> <li>• Have participants attend the center as frequently as the IDT determines is necessary based upon the preferences and needs of each participant.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>5.</b> Applicant agrees to provide each participant primary medical care delivered by a PACE primary care physician as specified in 42 CFR §460.102(c)(1), and 42 CFR §460.102(c)(2) who does the following:</p> <ul style="list-style-type: none"> <li>• Manages the participant's medical situations; and</li> <li>• Oversees the participant's use and provision of care by medical specialists and inpatient facilities.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

**Section: Infection Control**

**Infection Control**

<p><b>3.16</b> The purpose of this section is to ensure that all PACE applicants follow accepted policies and standard procedures with respect to infection control, including at least the standard precautions developed by the Centers for Disease Control and Prevention and PACE applicants have a written plan for infection control that is consistent with the requirements of 42 CFR §460.74.</p>	
<p><b>1.</b> PACE applicants have a written plan for infection control that is consistent with the requirements of 42 CFR §460.74.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>2.</b> Applicant agrees to follow, at a minimum, standard precautions developed by the Centers for Disease Control and Prevention.</p> <p>Note: Refer to the following link: <a href="http://www.cdc.gov">http://www.cdc.gov</a></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>3.</b> Applicant agrees to establish, implement and maintain an Infection Control Plan that meets the following requirements: (1)Ensures a safe and sanitary environment. (2) Prevents and controls the transmission of disease and infection.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>4.</b> Applicant assures that its infection control plan includes, but is not limited to, the following: (1) Procedures to identify, investigate, control, and prevent infections in every PACE center and in each participant's place of residence. (2) Procedures to record any incidents of infection. (3) Procedures to analyze the incidents of infection to identify trends and develop corrective actions related to the reduction of future incidents.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

<b>Section: Interdisciplinary Team</b>	
<b>Interdisciplinary Team</b>	
<p><b>3.17</b> The purpose of this section is to ensure that all PACE applicants have qualified staff available to support IDT composition and operations consistent with the requirements of 42 CFR §460.102.</p>	
<p><b>1.</b> Applicant ensures that each participant, in order to meet their individual needs, is assigned to and comprehensively assessed by an IDT at the attended PACE center as specified in 42 CFR §460.102(a).</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>2.</b> Applicant ensures that the IDT is composed of at least a Primary care physician, Registered nurse, Master's-level social worker, Physical therapist, Occupational therapist, Recreational therapist or activity coordinator, Dietitian, PACE center manager, Home care coordinator, Personal care attendant or representative, Driver or representative as specified in 42 CFR §460.102(b).</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>3.</b> Applicant ensures that primary medical care is provided by a PACE primary care physician who is responsible for the following as specified in 42 CFR §460.102(c):</p> <ul style="list-style-type: none"> <li>• Managing participant medical situations; and</li> <li>• Overseeing the participant use of medical specialists and inpatient care.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>4.</b> Applicant ensures that the IDT does the following as specified in 42 CFR §460.102(d):</p> <ul style="list-style-type: none"> <li>• Completes initial assessments, periodic reassessments, and plans of care;</li> <li>• Coordinates twenty-four hour care delivery;</li> <li>• Communicates regularly about, and remains alert to, the medical, functional, and psychosocial condition of each participant;</li> <li>• Documents changes of participant's condition in the medical record consistent with documentation policies established by the medical director; and</li> <li>• Serves primarily PACE participants.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>5.</b> Applicant ensures internal procedures governing the exchange of information between team members, contractors, and participants and their caregivers consistent with the requirements for confidentiality in 42 CFR §460.200(e).</p>	<input type="radio"/> Yes <input type="radio"/> No
<b>Section: Participant Assessment</b>	
<b>Participant Assessment</b>	
<p><b>3.18</b> The purpose of this section is to ensure that all PACE applicants complete initial comprehensive participant assessments, reassessments, and unscheduled reassessments consistent with requirements of 42 CFR §460.104.</p>	
<p><b>1.</b> Applicant ensures that participant assessments are comprehensive, in person, and include, at a minimum (42 CFR §460.104(a)(4)):</p> <ul style="list-style-type: none"> <li>• Physical and cognitive function and ability;</li> <li>• Medication use (prescription, over the counter and alternative medications);</li> <li>• Participant and caregiver preferences for care;</li> <li>• Socialization and availability of family support;</li> <li>• Current health status and treatment needs;</li> <li>• Nutritional status;</li> <li>• Home environment including home access and egress;</li> <li>• Participant behavior;</li> <li>• Psychosocial status;</li> <li>• Medical and dental status; and</li> <li>• Participant language.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>2.</b> Applicant ensures that each participant receives an initial face-to-face assessment conducted by the following IDT members promptly after enrollment (sometimes these assessments can be done prior to the actual enrollment date):</p> <ul style="list-style-type: none"> <li>• Primary care physician;</li> <li>• Registered nurse;</li> <li>• Master's level social worker;</li> <li>• Physical therapist;</li> <li>• Occupational therapist;</li> <li>• Recreation therapist or activity coordinator;</li> <li>• Dietitian;</li> <li>• Home care coordinator; and</li> <li>• Other healthcare professionals as determined by the IDT. (See 42 CFR §460.104(a)(1), §460.104(a)(2) and §460.104(a)(3).)</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No

<p><b>3.</b> Applicant ensures that IDT members conducting the initial assessments promptly consolidate their findings into a single plan of care addressing: problem, intervention, measurable outcomes, staff responsible, outcome met/not met having measurable goals and documented in the participant medical record (42 CFR §460.104(b)).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>4.</b> Applicant ensures that each participant receives a face-to-face reassessment conducted semiannually by the following IDT members or more often if the participant's condition dictates (42 CFR §460.104(c)(1)):</p> <ul style="list-style-type: none"> <li>• Primary care physician;</li> <li>• Registered nurse;</li> <li>• Master's level social worker;</li> <li>• Recreational therapist or activity coordinator; and</li> <li>• Other healthcare professionals as determined by the IDT.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>5.</b> Applicant ensures that each participant receives a face-to-face reassessment conducted annually by the following IDT members (42 CFR §460.104(c)(2)):</p> <ul style="list-style-type: none"> <li>• Physical therapist;</li> <li>• Occupational therapist;</li> <li>• Dietitian;</li> <li>• Home care coordinator; and</li> <li>• Other healthcare professionals as determined by the IDT.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>6.</b> Applicant ensures that IDT members conducting reassessments promptly complete the following:</p> <ul style="list-style-type: none"> <li>• Reevaluate the care plan and discuss changes with the IDT and participant/caregiver;</li> <li>• Revise the plan of care and update measurable goals based on IDT and participant approval;</li> <li>• Deliver services identified in the revised care plan; and</li> <li>• Document assessments and any revisions to the plan of care in the participant medical record.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>7.</b> Applicant ensures that the IDT conducts unscheduled reassessments when there are (42 CFR §460.104(d)):</p> <ul style="list-style-type: none"> <li>• Changes in participant health or status or psychosocial status; or</li> <li>• Requests by participants/caregivers for reassessment.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>8.</b> Applicant ensures that unscheduled reassessments are conducted face-to-face by the applicable IDT member.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>9.</b> Applicant ensures that there are explicit procedures for performance of unscheduled reassessments requested by the participant/caregiver (42 CFR §460.104(d)(2)).</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

**Section: Plan of Care**

**Plan of Care**

**3.19** The purpose of this section is to ensure that all PACE applicants develop, implement, and evaluate a plan of care for each participant that is consistent with the requirements of 42 CFR §460.106.

<p><b>1.</b> Applicant ensures prompt integration of discipline-specific assessments by the IDT into a comprehensive single plan of care for each participant.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>2.</b> Applicant ensures that the plan of care specifies: Participant medical, physical, psychological, and social needs identified during assessment; and</p> <ul style="list-style-type: none"> <li>• Intervention;</li> <li>• Measurable outcomes to be achieved;</li> <li>• Implementation frequency intervention;</li> <li>• Staff responsible; and</li> <li>• Outcome met/not met.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>3.</b> Applicant ensures that the IDT members coordinate and monitor delivery of all services (direct and contracted and in all settings) prescribed in the care plan.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>4.</b> Applicant ensures that the IDT members continuously update the care plan as participant health status changes and communicate changes to all IDT members.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>5.</b> Applicant ensures that the IDT reevaluates the goals and measurable outcomes of each participant's care plan at least semiannually.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

<p><b>6.</b> Applicant ensures that the participant and/or caregiver participate in the development, review, and reevaluation of the care plan.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>7.</b> Applicant ensures that the IDT provides documentation in the medical record for the following:</p> <ul style="list-style-type: none"> <li>• Original plan of care;</li> <li>• Ongoing changes to the plan of care;</li> <li>• Participant/caregiver preferences and concerns; and</li> <li>• IDT discussion that demonstrates collaborative participation in developing and updating the single comprehensive plan of care.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No

**Section: Restraints**

**Restraints**

**3.20** The purpose of this section is to ensure that all PACE applicant's comply with the physical and chemical restraint requirements of 42 CFR §460.114.

<p><b>1.</b> Applicant agrees to use the least restrictive and most effective restraint available.</p> <p>Note: A restraint may be chemical or physical and is defined in the regulation at 42 CFR §460.114(a).</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>2.</b> Applicant agrees to restrict the use of restraints to situations that the IDT determines necessary to ensure the participant's physical safety or the safety of others.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>3.</b> Applicant ensures that restraints are used for a defined, limited period of time based upon the assessment needs of the participant in accordance with safe and appropriate restraining techniques after other less restrictive measures have been found to be ineffective to protect the participant or others from harm, and are removed or ended at the earliest possible time.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>4.</b> Applicant ensures that the condition of the restrained participant is continually assessed, monitored and reevaluated.</p>	<input type="radio"/> Yes <input type="radio"/> No

**Section: Physical Environment**

**Physical Environment**

**3.21** The purpose of this section is to ensure that all PACE applicants provide a safely designed PACE center and maintain equipment consistent with the requirements of 42 CFR §460.72.

<p><b>1.</b> Applicant ensures a PACE center which:</p> <ul style="list-style-type: none"> <li>• Is designed, constructed, equipped, and maintained to provide physical safety for participants, personnel, and visitors; and</li> <li>• Provides a safe, sanitary, functional, accessible, and comfortable environment for the delivery of services and preservation of participant dignity and privacy.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>2.</b> Applicant ensures that suitable space and equipment exist to provide the following:</p> <ul style="list-style-type: none"> <li>• Primary medical care and treatment;</li> <li>• Therapeutic recreation;</li> <li>• Team meetings;</li> <li>• Restorative therapies;</li> <li>• Personal care;</li> <li>• Socialization activities; and</li> <li>• Dining services.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>3.</b> Applicant ensures that all equipment is maintained according to manufacturer's recommendations.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>4.</b> Applicant ensures the PACE center meets the occupancy provisions of the current edition of the National Fire Protection Association's Life Safety Code that apply to the type of setting in which the center is located.</p> <p>Note: Exceptions are specified in 42 CFR §460.72(b).</p>	<input type="radio"/> Yes <input type="radio"/> No

**Section: Emergency and Disaster Preparedness**

**Emergency and Disaster Preparedness**

<b>3.22</b> The purpose of this section is to ensure that all PACE applicants have written plans for medical and nonmedical emergency care and disaster response that are consistent with the requirements of CFR §460.84 and §460.100.	
<b>1.</b> Applicant agrees to comply with all applicable Federal, State and local emergency preparedness requirements. This includes establishing and maintaining an emergency preparedness program that meets all requirements as specified in 42 CFR §460.84.	<input type="radio"/> Yes <input type="radio"/> No
<b>2.</b> Applicant ensures that the emergency plan holds harmless CMS, the State, and the PACE participant if the PO does not pay for emergency services as specified in 42 CFR §460.100(a).	<input type="radio"/> Yes <input type="radio"/> No
<b>3.</b> Applicant agrees to provide for emergency services, both inpatient and outpatient settings, by a qualified emergency services provider, other than the PO or one of its contract providers, either in or out of the PO's service area, in order to evaluate or stabilize an emergency medical condition as specified in 42 CFR §460.100(b).	<input type="radio"/> Yes <input type="radio"/> No
<b>4.</b> Applicant ensures that the participant and/or caregiver understand when and how to get emergency care, and that no prior authorization is required as specified in 42 CFR §460.100(d).	<input type="radio"/> Yes <input type="radio"/> No
<b>5.</b> Applicant agrees to provide access to on-call providers 24-hours a day to consult about emergency services as specified in 42 CFR §460.100(e)(1).	<input type="radio"/> Yes <input type="radio"/> No
<b>6.</b> Applicant agrees to provide authorization of urgently needed out-of-network services and post-stabilization care services following emergency services and provide coverage when services are pre-approved by the PO, the PO cannot be contacted, or the PO did not respond to a request for approval within 1 hour after being contacted as specified in 42 CFR §460.100(e).	<input type="radio"/> Yes <input type="radio"/> No

**Section: Transportation Services**

**Transportation Services**

**3.23** The purpose of this section is to ensure that all PACE applicants provide safe and accessible transportation consistent with the requirements of 42 CFR §460.76.

<b>1.</b> Applicant agrees to provide safe, properly-equipped, and accessible transportation services to meet the needs of the participant population at 42 CFR §460.76(a).	<input type="radio"/> Yes <input type="radio"/> No
<b>2.</b> Applicant agrees to maintain the transportation vehicles it owns, rents, or leases in accordance with the manufacturer's recommendations at 42 CFR §460.76(b)(2).	<input type="radio"/> Yes <input type="radio"/> No
<b>3.</b> Applicant ensures that if the transportation services are provided by a contractor, the vehicles are maintained in accordance with the manufacturer's recommendations at 42 CFR §460.76(b)(2).	<input type="radio"/> Yes <input type="radio"/> No
<b>4.</b> Applicant ensures that all transportation vehicles are equipped with an operable hands-free device to communicate with the PACE center and notify staff when relevant changes in a participant's health status occur at 42 CFR §460.76(c).	<input type="radio"/> Yes <input type="radio"/> No
<b>5.</b> Applicant ensures that all transportation personnel (employed and contracted) receive an initial orientation and periodic refresher training to manage participant special needs and emergency situations at 42 CFR §460.76(d).	<input type="radio"/> Yes <input type="radio"/> No
<b>6.</b> Applicant agrees, that as part of the IDT process, PO staff (employees and contractors) must communicate information and relevant changes in a participant's care plan to transportation personnel including, but not limited to, advance directives at 42 CFR §460.76(e).	<input type="radio"/> Yes <input type="radio"/> No
<b>7.</b> Applicant agrees that the transportation system has been modified to accommodate the proposed service area/site expansion.	<input type="radio"/> Yes <input type="radio"/> No

**Section: Dietary Services**

**Dietary Services**

**3.24** The purpose of this section is to ensure that all PACE applicants provide meals that meet the participant's daily nutritional and special dietary needs consistent with the requirements of 42 CFR §460.78.

<b>1.</b> Applicant ensures that meals are nourishing, palatable, well-balanced, meet recommended daily nutritional content (RDA), and meet the participant's daily nutritional and special dietary needs as documented in the participant's assessment and care plan at 42 CFR §460.78(a).	<input type="radio"/> Yes <input type="radio"/> No
<b>2.</b> Applicant agrees to provide meals that meet the following requirements consistent with 42 CFR §460.78(a): be prepared by methods that conserve nutritive value, flavor and appearance; be prepared in a form designed to meet individual needs; and be prepared and served at the proper temperature.	<input type="radio"/> Yes <input type="radio"/> No



<p><b>3.</b> Applicant agrees to provide substitute foods or nutritional supplements that meet the daily nutritional and special dietary needs of any participant who refuses or cannot tolerate the food served, or does not eat adequately (42 CFR §460.76(a)(2)).</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>4.</b> Applicant agrees to provide nutritional support based on participant condition or diagnosis and physician orders which include:</p> <ul style="list-style-type: none"> <li>• Tube feedings;</li> <li>• Total parenteral nutrition; and</li> <li>• Peripheral parenteral nutrition.</li> </ul> <p>(42 CFR §460.78(a)(3))</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>5.</b> Applicant agrees to procure foods (including nutritional supplements and nutrition support items) from sources approved, or considered satisfactory by Federal, State, Tribal or local authorities with jurisdiction over the service area of the organization. Applicant also agrees to store, prepare, distribute and serve foods (including nutritional supplements and nutrition support items) and dispose of food under safe and sanitary conditions.</p>	<input type="radio"/> Yes <input type="radio"/> No
<b>Section: Termination</b>	
<b>Termination</b>	
<p><b>3.25</b> The purpose of this section is to ensure that all PACE applicants have a detailed written plan for phase-down in the event of termination consistent with the requirements of 42 CFR §460.50, §460.52, and §460.210.</p>	
<p><b>1.</b> Applicant agrees that the following are notified in advance of termination as specified in 42 CFR §460.50(d):</p> <ul style="list-style-type: none"> <li>• Ninety day advance notice to CMS and the SAA; and</li> <li>• Sixty day advance notice to the participant.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>2.</b> Applicant agrees to notify the following of termination and transition procedures in writing as specified in 42 CFR §460.52(a)(1):</p> <ul style="list-style-type: none"> <li>• CMS;</li> <li>• SAA;</li> <li>• Community; and</li> <li>• Participant.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>3.</b> Applicant ensures a process to assist participants with the following as specified in 42 CFR §460.52(a):</p> <ul style="list-style-type: none"> <li>• Obtaining reinstatement of conventional Medicare and Medicaid benefits when terminating;</li> <li>• Transitioning participant care to other providers when terminating; and</li> <li>• Terminating marketing and enrollment activities.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>4.</b> Applicant agrees to supply new providers the participant medical records, during the process of terminating the PACE program agreement as specified in 42 CFR §460.52(b).</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>B.</b> In the Documents Section, upload your termination plan.</p> <p>Note: The plan for termination must be developed in accordance with 42 CFR §460.50 and §460.52.</p>	
<b>Section: Maintenance of Records &amp; Reporting Data</b>	
<b>Maintenance of Records &amp; Reporting Data</b>	
<p><b>3.26</b> The purpose of this section is to ensure that all PACE applicants maintain records and submit reports consistent with the requirements of 42 CFR §460.200.</p>	
<p><b>1.</b> Applicant ensures data collection, record maintenance, and report submission as required by CMS and the State.</p> <p>Note: Reports include those necessary for CMS and the State to monitor the operation, cost, quality, effectiveness of the program, and establish payment rates.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>2.</b> Applicant ensures CMS and SAA access to data and records including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Participant health outcome data;</li> <li>• Financial books and records;</li> <li>• Medical records; and</li> <li>• Personnel records.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No

<p><b>3.</b> Applicant ensures policies and procedures to safeguard data, books and records against the following:</p> <ul style="list-style-type: none"> <li>• Loss;</li> <li>• Destruction;</li> <li>• Unauthorized use; and</li> <li>• Inappropriate alteration.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>4.</b> Applicant ensures confidentiality of health information through policies and procedures that do the following:</p> <ul style="list-style-type: none"> <li>• Safeguard privacy and confidentiality of participant health information, including mental health information, per HIPAA and other Federal and State laws;</li> <li>• Maintain complete records in an accurate and timely manner; and</li> <li>• Provide participants timely access to review and copy their own medical records as well as request amendments to the record.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>5.</b> Applicant ensures retention of records for the longest of the following periods:</p> <ul style="list-style-type: none"> <li>• Time specified in State law;</li> <li>• Six years from the last entry date in the record or for medical records of disenrolled participants, 6 years after the date of disenrollment; or</li> <li>• Completion of litigation or associated resolution of claims, financial management review or audit findings.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

**Section: Medical Records**

**Medical Records**

**3.27** The purpose of this section is to ensure that all PACE applicants maintain medical records in accordance with accepted professional standards consistent with the requirements of 42 CFR §460.210.

<p><b>1.</b> Applicant agrees to maintain a single, comprehensive medical record for each participant.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>2.</b> Applicant ensures that the health information management policy has procedures that govern the maintenance of a single comprehensive medical record for each participant that is:</p> <ul style="list-style-type: none"> <li>• Complete regardless of format (electronic or print);</li> <li>• Accurately documented;</li> <li>• Readily accessible to authorized personnel;</li> <li>• Systematically organized to facilitate review;</li> <li>• Available to employed or contracted staff; and</li> <li>• Maintained and housed at the PACE center where the participant receives services.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>3.</b> Applicant agrees to promptly transfer copies of pertinent medical record information to all providers delivering direct care in other healthcare settings per HIPAA.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>4.</b> Applicant's medical records are appropriately authenticated by ensuring the following:</p> <ul style="list-style-type: none"> <li>• All entries must be legible, clear, complete, and appropriately authenticated and dated; and</li> <li>• Authentication must include signatures or a secured computer entry by a unique identifier of the primary author who has reviewed and approved the entry.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

**Section: Quality Assessment Performance Improvement Program (QAPI)**

**Quality Assessment Performance Improvement Program (QAPI)**

**3.28** The purpose of this section is to ensure that all PACE applicants take appropriate actions to improve performance, including the establishment and operation of a QAPI in accordance with 42 CFR §460, Subpart H, §460.200, and §460.202.

<p><b>1.</b> Applicant agrees to do the following as specified in 42 CFR §460.130:</p> <ul style="list-style-type: none"> <li>• Develop, implement, maintain and evaluate a QAPI program;</li> <li>• Reflect the full range of services furnished by the PO; and</li> <li>• Take action resulting in improvements in its performance in all types of care.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>2.</b> Applicant agrees to use data collected through the health information system to identify areas for improvement in the delivery of services, quality, and safety across care domains (PACE center, home, inpatient, outpatient, rehabilitative etc.) as specified in 42 CFR §460.136 by doing the following:</p> <ul style="list-style-type: none"> <li>• Using a set of outcome measures to identify areas of good or problematic performance;</li> <li>• Taking actions targeted at maintaining or improving care based on outcome measures;</li> <li>• Incorporating improvements into standard practice to sustain performance;</li> <li>• Prioritizing performance improvement activities based on clinical outcomes, prevalence of the problem in the PACE population, and severity of the problem; and</li> <li>• Immediately correcting an identified problem that directly or potentially threatens the health or safety of participants.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>3.</b> Applicant agrees that the designated QAPI coordinator will do the following as specified in 42 CFR §460.136:</p> <ul style="list-style-type: none"> <li>• Coordinate and oversee implementation of the QAPI activities; and</li> <li>• Encourage PACE participants and caregivers to participate in QAPI activities, including providing information about their satisfaction with services.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>4.</b> Applicant ensures that the IDT, PACE staff, and contract providers are involved in the development and implementation of QAPI activities and are aware of the results of these activities as specified in 42 CFR §460.136.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>5.</b> Applicant agrees to have one or more committees with community input to do the following as specified in 42 CFR §460.138:</p> <ul style="list-style-type: none"> <li>• Evaluate outcome data measuring quality performance;</li> <li>• Address the implementation of the QAPI plan and the results from quality improvement activities; and</li> <li>• Provide input related to ethical decision-making on issues such as end-of-life, participant self-determination, and other participant health rights and concerns.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>6.</b> Applicant agrees to meet the external quality assessment and reporting requirements specified by oversight agencies including, but not limited to, CMS and the SAA by using the established health information system as specified in 42 CFR §460.140.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>7.</b> Applicant agrees to submit, upon request from CMS and/or SAA, data to monitor its operations, costs, quality, and effectiveness of care as specified in 42 CFR §460.200.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>8.</b> Applicant ensures a health information system to collect, analyze, integrate, and report data to measure the organization's performance as specified in 42 CFR §460.202.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>9.</b> Applicant agrees to submit to CMS all monitoring data elements specified in the PACE program agreement to be reported quarterly or seasonally through the CMS Health Plan Management System (HPMS) as specified in 42 CFR §460.202.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p><b>10.</b> Applicant ensures a written QAPI plan as specified in 42 CFR §460.132.</p>	<input type="radio"/> Yes <input type="radio"/> No

**B.**In the Documents Section, upload a copy of the applicant's QAPI plan.  
 Note: The QAPI plan must be developed in accordance with 42 CFR §460.132.

**Section: State Attestations**

**State Attestations**

**3.29** The purpose of this section is to ensure that the state is willing to enter into a PACE program agreement with the applying entity, and that it has processes in place to ensure compliance with its obligations under the program (42 CFR §460.12 (b)).

<p><b>1.</b> Applicant has assurance from the SAA of the state in which the program is located indicating that the state considers the entity to be qualified to expand its PACE program and is willing to amend its existing PACE program agreement with the entity.</p>	<input type="radio"/> Yes <input type="radio"/> No
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**B.** In the documents section upload the State Assurances document signed by an authorized official from the State agency responsible for administering a PACE program agreement.  
 Note: The document should include the written name and title of the official and the name of the State agency.

**C.** In the documents section upload the state's CMS-approved Medicaid capitation payment amount as described in 42 CFR §460.182.

Note: If more than one capitation payment is applicable, please identify by cohort.

**D.** In the documents section upload a description of the state's procedures for any adjustment to account for the difference between the estimated number of participants on which the prospective monthly payment was based and the actual number of participants in that month, as required at 42 CFR §460.182(d).

**E.** In the documents section upload a description of the state's process for enrollment of participants into the state system, including the criteria for deemed continued eligibility for PACE in accordance with 460.160(b)(3).

**F.** In the documents section upload a description of the state's process to oversee the applicant's administration of the criteria for determining if a potential PACE enrollee is safe to live in the community at the time of enrollment.

**G.** In the documents section, upload a description of any information provided by the State to participants.

**H.** In the documents section upload a description of the state's process for disenrollment of participants from the state's system.

**Section: Waivers**

**Waivers**

**3.30** PACE organizations are permitted to submit waiver requests consistent with 42 CFR §460.26 and 42 CFR §460.28.

**1.** Applicant is requesting specific modifications or waivers of certain regulatory provisions as part of this application as permitted under Section 903 of the Benefits Improvement and Protection Act (BIPA) of 2000.

- Yes
- No

**2.** Applicant ensures that specific modifications or waivers of certain regulatory provisions as part of this application have been submitted to the SAA for review as specified in 42 CFR 460.26.

- Yes
- No
- N/A

**B.** If you are submitting a waiver request in conjunction with your application, please upload a copy of your waiver request, in the Documents section. Your request should include: Identification of the regulatory section the applicant is requesting to have waived; the rationale behind the waiver request; if applicable, process(es), policies and procedures that will be followed to ensure participant care is not compromised; and a State letter indicating the State's concurrence, concerns and conditions related to the waiver request. Please note that the waiver request is reviewed separately from the application process itself.

**Section: Application Attestation**

**Application Attestation**

**3.31** Applicants are required to upload a completed and signed attestation certifying that all information and statements made in the application are true, complete, and current to the best of their knowledge and belief and are made in good faith.

**A.** Please upload your application attestation document.

**Section: State Readiness Review**

**State Readiness Review**

**3.32** Applicants are required to submit a State Readiness Review of their PACE center.

**A.** Please upload your State Readiness Review.

Note: The State Readiness Review upload is required for initial PACE applications and SAE applications that include a new PACE center. The State Readiness Review may be submitted in response to a request for additional information if not available at the time of application submission. If applying for an SAE with no new PACE Center, the upload is not required.

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