

## ATTACHMENT B: STATEMENT OF INTENT (SOI)

Revised and Restated August 9, 2019

Applicants shall submit a Statement of Intent (SOI) and supporting documentation in the form of this Attachment B by responding to the following questions and providing information and documentation as indicated. Responses will be used to evaluate and score applications for PACE service area expansion.

If additional space is needed or Applicant is asked or wants to include exhibits, tables, diagrams, examples, or other materials as attachments to its application, the Applicant should provide, in the appropriate response field in Attachment B, the name/number of the attachment or exhibit and the corresponding page number where the attachment can be found.

### A. General Information: Weighted 0% (Responses to this section will not be scored separately but may be considered in scoring other sections, if applicable)

|           |   |
|-----------|---|
| 1         | Name of PACE Organization   |
| Response: |   |
| 2         | PACE Organization's eligibility qualifications  |
| Response: |   |
| 3         | By zip code, provide the current service area and expansion area requested; include a description of the current and anticipated geographic boundaries of service provision (counties and cities); attach a map showing both current and requested service areas. |
| Response: |   |
| 4         | Name of the primary contact for the application, including title, mailing and physical address(es), phone numbers, fax number, and e-mail address.  |

Response:

5 List of board members, their tenure on the Board, and their affiliations.

Response:

6 Does the Board have term limits? Is so what is the term?

Response:

No  Yes

Length appointment/term and maximum number of terms:

7

- A. Provide a current list of all contracts with every outside organization, agency, or individual furnishing administrative or care-related services not furnished directly by the Applicant.
- B. Provide Applicant's written plan to handle emergency care.

Response:

**B. Experience Providing PACE Services: Weighted 25% (Limit response to 8 pages)**

|           |   |
|-----------|---|
| 1         | Provide current participant enrollment, include date.   |
| Response: |   |
| 2         | Provide projected participant enrollment for current service area based on slot allocations.          |
| Response: |   |
| 3         | If the PACE organization is currently operating at full enrollment, provide the date when achieved.   |
| Response: |   |
| 4         | Complete the following table and provide a utilization analysis of slot allocations for <b>2018</b> . |

Response:

| <b>Month</b> | <b>Participant Enrollment as of the 1<sup>st</sup> day of the Month</b> | <b>Number of New Enrollments</b> | <b>Number of Disenrollments (All cause)</b> | <b>Net Change in Enrollments</b> |
|--------------|---|----------------------------------|---|----------------------------------|
| Jan          |   |                                  |   |                                  |
| Feb          |   |                                  |   |                                  |
| Mar          |   |                                  |   |                                  |
| Apr          |   |                                  |   |                                  |
| May          |   |                                  |   |                                  |
| Jun          |   |                                  |   |                                  |
| Jul          |   |                                  |   |                                  |
| Aug          |   |                                  |   |                                  |
| Sep          |   |                                  |   |                                  |
| Oct          |   |                                  |   |                                  |
| Nov          |   |                                  |   |                                  |
| Dec          |   |                                  |   |                                  |

Utilization Analysis  
Narrative:

5 Provide information on staff turnover by completing the following table. Describe any challenges recruiting and retaining staff, how those challenges were resolved in the past and strategies for addressing on an on-going basis.

Response:

| Employee Type                             | Employment Turnover Rate |         |                      |
|---|--------------------------|---------|----------------------|
|   | CY 2017                  | CY 2018 | CY 2019 Year to Date |
| All Employees                             |                          |         |                      |
| Executive, Director, and Management Level |                          |         |                      |
| Clinical and Patient Care Staff           |                          |         |                      |
| Administrative Staff                      |                          |         |                      |
| Transportation Staff                      |                          |         |                      |
| Other (describe)                          |                          |         |                      |

|                            |  |
|----------------------------|--|
| Recruiting Challenges      |  |
| Retention Challenges       |  |
| Past and Future Strategies |  |

|   |  |
|---|--|
| 6 | Provide a list of IDT members, as outlined in 42 CFR § 460.102. Include name, role, credentials, length of employment for each member and whether the individual is a PACE employee or contractor. |
|---|--|

Response:

|   |  |
|---|--|
| 7 | Provide the PACE Organization’s service package pursuant to 42 CFR § 460.92. If the PACE Organization’s provides services beyond what is required under 42 CFR § 460.92, identify those services as value added. |
|---|--|

Response:

|   |  |
|---|--|
| 8 | Describe how board members are recruited, note any current vacancies and length of time the slot has been vacant, include assurances of diversity and representation of PACE members and their families, and provide information and a description of the board’s governance plan. Discuss how the Participant Advisory Committee communicates with the Board. Attach the board’s articles of incorporation, by-laws or other similar governance documents (articles of incorporation, by-laws or similar documents do not count in page limit). |
|---|--|

Response:

|           |   |
|-----------|---|
| 9         | Submit any and all corrective action plans (CAPs) required by CMS or the State (i.e. DHB or DAAS) and any and all sanctions or other findings issued by CMS and/or the State to the PACE Organization dated on or after January 1, 2015. Failure to disclose fully will result in disqualification. For each CAP, sanction or other finding, include the citation and a summary of the issue resulting in the CAP, sanction or finding, the date of issuance, the date CAP was submitted to CMS/State, and the date of resolution (if resolved), or status (if not resolved). |
| Response: |   |

**C. Market Assessment: Weighted 25% (Limit response to 10 pages)**

The market assessment should describe the needs of the area proposed for expansion and include the following:

|           |   |
|-----------|---|
| 1         | Market size; highlighting underserved and difficult to serve cohorts. Profiling of the target population to include race/ethnicity; nationality of origin, percentage of population 65+, disabled, dually eligible for Medicare and Medicaid, special needs, economic status, housing/living arrangements and family structure. |
| Response: |   |
| 2         | Specific strategies for engaging the target population and familiarizing them with the PACE program and the PACE Center.  |

Response:

3

Barriers to enrolling members of the target population in a PACE program and strategies for overcoming these barriers, and how success will be measured.

Response:

4

Describe unmet needs related to long term services and supports in the expansion service area and how the PACE program will address these needs for the community in the targeted area.

Response:

5

Capacity to support individuals transitioning from acute care and individuals transitioning from institutional long-term care; and the percentage of individuals each year enrolled in the PO as a result of transition from SNF in the 24 months prior to the RFA application.



Response:

6

Number of nursing homes in the proposed expansion service area, average occupancy rate and impact of PACE expansion in offering home and community-based care options for Medicaid recipients who qualify for nursing facilities level of care.

Response:

7

Number of individuals in the proposed expansion service area on CAP/DA waitlist and impact of PACE expansion in providing alternative community-based option.

Response:

**D. Proposed Arrangements to Implement the Service Area Expansion: Weighted 25% (Limit response to 10 pages)**

|           |   |
|-----------|---|
| 1         | Indicate the services to be directly provided by the PACE Organization and those to be provided under contract.   |
| Response: |   |
| 2         | For each contracted service in the proposed expansion service area, attach letters of support/commitment from contractors with whom the PACE Organization anticipates contracting as a result of the service area expansion (support Letters do not count in page limit). |
| Response: |   |
| 3         | Provide a business plan for the proposed service area expansion, including a clearly defined implementation timeline for the expansion and measurable goals and objectives.   |
| Response: |   |
| 4         | Conduct and describe the results of an organizational assessment to determine if demographics and organizational resources and services will support the service area expansion.  |
| Response: |   |

|           |   |
|-----------|---|
| 5         | Provide an anticipated organization chart to support the service area expansion (does not count in page limit). |
| Response: |   |

**E. Financial Support for PACE Service Area Expansion: Weighted 25%**

|           |   |
|-----------|---|
| 1         | Provide information to demonstrate the PACE Organization's capacity to fund a service expansion.  |
| Response: |   |
| 2         | Provide documentation to demonstrate how the PACE Organization will support its current financial obligations and existing PACE operations while initiating service area expansion. |
| Response: |   |
| 3         | Identify anticipated sources of capital and operating funds to support the service area expansion.  |
| Response: |   |
| 4         | Submit a verifiable plan in the event of insolvency.  |
| Response: |   |

|           |   |
|-----------|---|
| 5         | Submit a list of all Equity Partnerships and letters of support from each partner.  |
| Response: |   |
| 6         | Submit any and all Notices from CMS related to Fiscal Soundness, as defined in § 460.80, dated on or after January 1, 2015. Failure to disclose fully will result in disqualification. For each Notice received, provide an explanation and documentation of resolution or the current status.            |
| Response: |   |
| 7         | Submit a letter from the PACE Organization's board providing their approval of and outlining their financial support and commitment to the service area expansion. This letter of support will not be scored separately but may be considered in scoring other components of this section, as applicable. |
| Response: |   |
| 8         | Complete Attachment C: Certification of Financial Condition and Legal Action Summary and provide all information required therein. Attachment C will not be scored separately but may be considered in scoring other components of this section, as applicable.   |
| Response: |   |