



NASHP State PACE Action Network Application for Technical Support - May-December, 2021

This application is designed to help the National Academy for State Health Policy (NASHP) understand each state applicant’s goals and objectives for participating in its State Program of All-Inclusive Care for the Elderly (PACE) Action Network. NASHP will select states for the network using the criteria described in the [request for applications](#) guidelines. Applications and any optional letters of support must be submitted by email to Luke Pluta-Ehlers (lpehlers@nashp.org) by **5 p.m. (ET) Thursday, April, 15, 2021**

Interested state teams are encouraged to participate in an informational webinar from **2 to 3 p.m. (ET) Tuesday, March 30, 2021**. Register [here](#). For more information, contact Luke Pluta-Ehlers (lpehlers@nashp.org). NASHP will notify each state about the status of its application no later than April 26, 2021.

Team Composition

State applications may include a team of up to four members. The team must include at least one Medicaid official and one PACE representative (e.g., PACE program or state PACE association). The team lead must be a state Medicaid official. The team may include additional state or PACE staff and others who can directly support team goals (e.g., aging agency administrators, managed care enrollment counselors, family caregiver representative, etc.).

Team Roster

Please complete the core team roster below.

Team Member 1 (Team Lead: State Medicaid official)

Name: Phone:
Title: Email:
Agency/Organization:
Assistant: Assistant’s Email:

Team Member 2 (PACE representative)

Name: Phone:
Title: Email:
Agency/Organization:
Assistant: Assistant’s Email:

Team Member 3

Name: Phone:
Title: Email:
Agency/Organization:
Assistant: Assistant’s Email:

Team Member 4

Name: Phone:

Title:
Agency/Organization:
Assistant:

Email:
Assistant's Email:

Project Plans

Please respond to the following questions and limit your response to 200 words or less per question.)

1. *Team lead:* Please describe why the identified team lead is the right choice to ensure that your team achieves its goals. Also, please specify the amount of time the lead will dedicate to this project.
2. *State approach:* Please select one or more of the options below and briefly explain why you selected that approach.

_____ Implementing Medicaid policies that increase access to existing PACE sites

_____ Enabling existing PACE programs to serve more people in their current service areas

_____ Enabling existing PACE programs to serve people in more areas of the state.

_____ Other (*please specify*)

3. *State goals and initial planning:* What specific goals do you hope to achieve within the network's eight-month timeline? These goals should be specific, measurable, and attainable.
4. *Technical assistance needs:* Please describe up to four topics that you would like learn about and discuss during a network technical assistance event. If there are particular experts you would like to hear from or other resources you need to address the topic, please identify those as well.