

Date: April 14, 2023

Policy Letter 23-01

Supersedes PACE Policy Letter 19-01

To: Program of All-Inclusive Care for the Elderly Organizations

Subject: Program of All-Inclusive Care for the Elderly Application Process

Purpose

The purpose of this Policy Letter (PL) is to inform Program of All-Inclusive Care for the Elderly (PACE) Organizations (POs) and potential applicant organizations of the Department of Health Care Services' (DHCS) application review process and timeline for new PO applications and PO Expansion applications. This PACE Policy Letter, like all PACE Policy Letters, has the force and effect of state regulation as set forth in Welfare & Institutions Code section 14592(k). DHCS uses the criteria defined in this letter to make a determination to approve, deny or defer an application.

Background

In 2016, the California Legislature passed the PACE Modernization Act Trailer Bill (Sections 31-36 of SB 833, Chapter 30, Statutes of 2016) including updates to the payment and regulatory structure of PACE. The updated California PACE statutes, in part, removed the cap on the number of PO's that could operate in the state, and allowed for-profit entities to become POs.

Centers for Medicare & Medicaid Services (CMS)

The Centers for Medicare & Medicaid Services (CMS) releases annual updates to its PACE Application Guidance to address its electronic PACE application submission timelines, requirements, and review process. Applicants should review this guidance and be aware of CMS requirements for accessing the Health Plan Management System (HPMS). The downloadable PDF of the application and additional information can be found on CMS' website. ¹

State Application Review Process

All new and expansion PACE applications must go through an initial review process by DHCS in order to move forward with submission to CMS via HPMS. The initial submission components provide DHCS with key organizational background and

¹ <https://www.cms.gov/Medicare/Health-Plans/PACE/Overview.html>



financial viability documentation. This information is necessary for DHCS to complete/sign the State Assurance pages and authorize the submission of the full application to DHCS and CMS via HPMS.

Upon submission of the full application to CMS, DHCS will align its review of the remaining application with the CMS clock cycle, dependent upon the type of application, to create a concurrent review process. Expansion only applications will be on two 45/90 day clock cycles. New PACE center applications will be on two 90 day clock cycles. The initial CMS 45/90-day clock review begins upon receipt of the completed full application in HPMS, which must include the signed State Assurance pages.

DHCS will review the application according to state and federal laws and regulations, contractual requirements, and implementing Policy Letters. Prior to entering into a contract for the provision of Medi-Cal managed health care services, DHCS may consider any factor it determines to be necessary for consideration (Welfare & Institutions Code §§ 14095 and 14592(b)). This includes considering any information relevant to the issue of whether the application could result in unnecessary duplication of services or impair the financial or service viability of an existing program (42 USCA § 1395eee(e)(2)(B)).

DHCS will verify that the applicant is in good standing which includes but is not limited to:

- The applicant and any parties that make up the organization may not be on a Medicaid/Medicare exclusion list.
- Any Medicaid/Medicare line of business operated by the applicant cannot be under sanctions or facing civil monetary penalties from any local, state, or federal government entity.

Applications will not be accepted from existing POs or application entities that currently have some form of Medicaid/Medicare sanction or civil monetary penalty on the entity or parent organization.

If an application entity or parent entity is undergoing a state or federal audit, or is in the process of developing or implementing a Corrective Action Plan, DHCS has the option to delay a final decision on issuance of the State Assurances for any application packet until the conclusion of the audit or Corrective Action Plan of the applying organization or the parent entity if DHCS has significant concerns or findings during those audits.

If an audit results in significant findings supporting sanctions or civil monetary penalties, the state will require the PO to withdraw the application and will not allow re-submission until the findings and/or sanctions have been resolved through a corrective action plan as has been identified in the audit process.

Initial State Review

All new and expansion applications received by DHCS will follow the below initial state review timeframes for application submission:

Action	Due Date	Documents for <i>PO</i> Submission	Reviewer	Review Timeframe
Applicant Notification of Intent to DHCS	30 days prior to Initial Application Submission to DHCS	<ul style="list-style-type: none"> Letter of Intent Letter for Support from COHS (if applicable) Address of new PACE center Estimated operational date (subject to DHCS approval) 	DHCS	30 calendar days
Initial Application Submission to DHCS	90 days prior to CMS application submission deadline	<ul style="list-style-type: none"> Market Feasibility Study Letters of Support Application sections (see Attachment III) Address of PACE center 	DHCS	90 Calendar Days
Full Application Submission in HPMS	Align with CMS PACE Application Submission Deadline	<ul style="list-style-type: none"> Remaining application sections State Assurance (Attestation) Page 	DHCS & CMS	Align with CMS 45/90 day review clock

If DHCS defers the decision on an application for two consecutive quarters due to the applicant not meeting the requirements of this Policy Letter and all applicable state and federal requirements, DHCS will deny the applicant. If an applicant has been denied DHCS will not accept a new or expansion application submission for a period of two quarters.

Concurrent Federal and State Review

The CMS review process of the PACE Application will include a series of attestations and uploads based on the type of application received (Initial Application or Service Area Expansion SAE)). Please see Attachment I (PACE Application Required Attestations and Uploads). DHCS will sign the attestation pages and release to applicant along with the state appendices, M, N, P, Q, R, and S. The applicant will then submit the signed attestation and state appendices to CMS by the quarterly submission deadlines.

During the initial CMS 45/90-day clock review of the full application, CMS and/or DHCS may issue a Request for Additional Information (RAI) to the applicant. In the event a RAI is issued, the application is taken off the review clock while the applicant responds to the RAI. DHCS will align its remaining review and RAI (if necessary) with CMS timelines and ensure that any necessary changes are communicated to CMS.

It is also during this period that DHCS conducts the State Readiness Review (SRR) onsite survey of the applicant PACE Center, as required. All initial applications, and any SAE application that includes the addition of a new PACE center, require an SRR of the new center. All deficiencies identified during the DHCS SRR onsite survey of the applicant PACE Center must be addressed through a corrective action plan submitted to and accepted by DHCS. The applicant must revise the corrective action plan per DHCS request, until DHCS approves it to move forward. The application will not be moved forward until the applicant successfully completes the DHCS approved corrective action plan.

Once CMS and/or DHCS have accepted the applicant's RAI response, and the SRR onsite survey has been satisfactorily completed by DHCS and accepted by CMS, CMS will reinstate the final 45/90-day clock review cycle. Conclusion of this cycle results in CMS notification to the applicant of final approval or denial. The application will be denied if any of the criteria set forth in this letter are not met or addressed through the RAI process.

PACE Growth and Expansion

All PACE growth and expansion falls into one of the below categories:

1. New PACE Organization – A new entity applying to establish a PO
 - An entity must identify specific zip codes to be served in one or more counties.
 - An entity must identify zip codes that overlap with any existing operational POs and potential POs with pending applications. Information on obtaining information regarding existing and potential POs is set forth below.
 - An entity must be able to serve all requested zip codes from the PACE Center (subject to the 60-minute one-way drive time to and from the participants' homes to the adult day health center (ADHC)).
 - Rate development is required for each county requested, refer to "Program Start Date" section below.
2. Existing PO Expansion (Existing County) – PO's adding additional zip codes within the existing county service area, opening a new PACE Center within the existing county service area, or both
 - An entity must be able to serve all requested zip codes from the PACE Center(s) subject to the 60-minute one-way drive time to and from the participants' homes to the ADHC requirement, as specified below.
 - An entity must identify zip codes that overlap with any existing operational POs and potential POs with pending applications. Information on obtaining information regarding existing and potential POs is set forth below.
 - POs can add zip codes and use Alternative Care Settings (ACS) as an interim step before building new PACE Center.

- For ACS requests, refer to CMS Guidance Memorandum “Alternative Care Settings in the PACE Program”.
 - DHCS and its actuaries must analyze the requested expansion for potential rate impact. If a rate impact is identified (requiring new rate development), the request will be treated in accordance with the program start dates outlined below.
 - Zip code only expansions are subject to a shorter CMS review period.
3. Existing PO Expansion (New County) – PO adding zip codes in a new county of operation
- Usually requires a new PACE Center unless the zip codes requested fall within the required radius to be served by the existing PACE Center and interdisciplinary team (IDT).
 - An entity must identify zip codes that overlap with any existing operational POs and potential POs with pending applications. Refer to the “PACE Expansions Proposals” document posted on a monthly basis on the DHCS PACE website.²
 - Rate development is required for each new county requested and are subject to the January and July program start dates detailed below.

Program Start Date

To align with DHCS budget and rate development processes, all new and existing PO expansion applications requiring new rate development may only be able to begin operations on either January 1 or, July 1, of a given year in accordance with the timeline below.

Applications submitted to CMS in the quarterly windows from January through June of a given calendar year may begin operations no sooner than July 1 of the subsequent calendar year, pending final DHCS and CMS approval of the new PACE Organization or Existing PO Expansion application.

Applications submitted to CMS in the quarterly windows from July through December of a given calendar year may begin operations no sooner than January 1 of the calendar year that follows the subsequent calendar year (i.e., a December 31, 2022 submission would be eligible for a January 1, 2024 start date), pending final DHCS and CMS approval of the new PO or SAE application.

Prospective POs and expansion applicants requiring new rate development should consider the available start dates when preparing to submit an application. Any delays in the application submission or review process may result in the program start date getting pushed back to the next available program start date of either January 1 or July 1.

² [Program of All-Inclusive Care for the Elderly](#) (“PACE Expansions Proposals” Link)

Applicants should also account for the time frame requirements of other public licensing entities (e.g., California Department of Public Health) when considering the overall application timeline process.

All new POs, and existing POs in new Counties, must initiate marketing activities immediately upon the approval of the three-way program agreement and must begin processing enrollments immediately following the go-live date.

Letter of Intent Submission Components

Thirty days prior to submitting an initial application to DHCS, all applicants must submit to DHCS a Letter of Intent (LOI) indicating their plans to submit a PACE application. The LOI must identify and/or include the following:

- The applicant;
- The proposed service area, including a listing of proposed zip codes and a service area map with:
 - The location of the PACE center clearly marked;
 - A scale of the complete geographic service area that includes county, zip code, street boundaries, census tract or block or tribal jurisdiction, main traffic arteries, physical barriers such as mountains and rivers, hospital providers, ambulatory and institutional services sites;
 - The drive time from the farthest points on the geographic boundaries to the PACE Center, including allowances for traffic as well as assistance time and multiple participants. The PO needs to be able to effectively serve the entire proposed service area in the first year of operation; and
 - The drive time to the nearest ambulatory and institutional service sites.
- If the geographic service area includes an area covered by another PACE organization, provide a list of overlapping zip codes as well as identifying all overlap areas in the service area map;
- Letter of support from COHS, as described below;
- The address for the applicant's PACE center,³ and
- The anticipated operational date of the center (subject to DHCS approval) based on DHCS program start date guidelines above.

If an applicant wishes to withdraw their LOI an email must be sent to the DHCS team which confirmed receipt of the LOI and is reviewing the application. The withdrawal email must include details behind the circumstances that led to the withdrawal and whether they plan on submitting a new LOI in a future quarter.

All applicants proposing to serve an area with an existing or pending PACE plan must identify the overlapping zip codes in their LOI. If an applicant has any questions about whether there is an existing or pending PO operating in its proposed service area it can

³ NOTE: Once the initial application has been submitted to CMS, the PACE Center address cannot be changed. If the PACE Center address changes, the applicant will need to withdraw their initial application with CMS and DHCS and the application process will start over, requiring the submission of a new LOI.

refer to the DHCS PACE website⁴ for a listing of all zip codes by county that PO's currently operate in. Pending applications for new or expansion PO's are also posted to the DHCS website.⁵

CMS application submission deadlines can be found under the application training guide on CMS' website.⁶

The LOI to DHCS must be submitted at least 120 days prior to the proposed CMS submission date, and the initial application must be submitted at least 90 days prior to the proposed CMS submission date. Applications submitted to DHCS after these dates will not be accepted and will need to be resubmitted for a subsequent CMS quarterly submission date cycle.

Initial Application Submission Components

Letters of Support

All PACE applicants must submit letters of support from local entities or individuals in the area that the applicant proposes to serve. The purpose of these letters is to demonstrate that the applicant is connecting with local entities who will work closely with the incoming PO and provide community support. These may include but are not limited to: political representatives, County Board of Supervisors, County Health and Human Services (HHS) Director, local hospitals, Medi-Cal managed care health plans (MCPs), Independent Physician Associations (IPAs), Commission on Aging, Area Agencies on Aging (AAA), and Community Based Organizations (CBOs). Letters of support should be attached to the initial application.

At a minimum, applicants must submit:

- three (3) letters of support from local government agencies or political representatives,
- three (3) letters of support from local health care providers operating in the proposed service area, and
- three (3) letters of support from CBOs (colleges, churches, social service groups, etc).

DHCS reviews letters of support and may reject a letter based on the following criteria:

- The entity writing the letter of support does not operate within or represent the requested service area.
- The entity writing the letter of support has a financial interest in or has been engaged by the applicant for consulting purposes.

⁴ <http://www.dhcs.ca.gov/individuals/Pages/PACEPlans.aspx>

⁵ <https://www.dhcs.ca.gov/services/ltc/Pages/programofall-inclusivecarefortheelderly.aspx>

⁶ <https://www.cms.gov/Medicare/Health-Plans/PACE/Overview.html>

For PACE applicants wishing to serve in COHS and Single Plan Model Counties, refer to the “POs in County Organized Health System and Single Plan County Model Counties” section later in this letter.

Market Feasibility Study

All PACE applicants, including SAEs, must submit to DHCS a market feasibility study of the area that they propose to serve. The feasibility study must include the following:

- Estimate of the number of PACE-eligible individuals
- Description of the methodology/assumptions used to determine potential membership
- Identify all competitive factors impacting the market, such as:
 - Existing PO's
 - Medi-Cal MCPs
 - Demonstration County MCPs (Cal MediConnect and Managed Long-Term Services and Supports (LTSS))
 - Dual Special Needs Plans (D-SNPs)
 - Medi-Cal Waiver Programs
 - In-Home Supportive Services (IHSS)
- Identify projected market capture/saturation rates
- Demonstrate that there is an unmet need for PACE in the proposed service area
 - Please note that when multiple applications are received for the same county/zip code service area the order of submission and number of pre-existing plans may have an impact on the decision to approve/deny an application.

State Application Narrative

The following PACE application sections must be submitted to DHCS for initial review (see Attachment III): Please refer to DHCS website “PACE Orientation Package & Approved Templates” for resource and templates.

New PACE Application	Service Area Expansion (Existing and New County)
<ul style="list-style-type: none">• 3.1 – Service Area• 3.2 – Legal Entity and Organization Structure• 3.3 – Governing Body• 3.4 – Fiscal Soundness• 3.5 – Marketing• 3.13 – Contracted Services• 3.23 – Transportation Services	<ul style="list-style-type: none">• 3.1 – Service Area• 3.4 – Fiscal Soundness• 3.5 – Marketing• 3.13 – Contracted Services• 3.23 – Transportation Services

In addition to the attestations and documents required in the PACE application, the applicant must provide DHCS a detailed narrative covering each of these sections to

demonstrate to DHCS the organizational background and financial standing of the applicant. Applicants should refer to the Attachments in this document as well as the documents on the DHCS PACE website under PACE Orientation Package & Approved Templates.⁷

Financial Documentation

The applicant must demonstrate evidence of sufficient capital and/or capital funding to finance the PACE entity or expansion through the projected breakeven point, while maintaining sufficient reserves as required by 42 CFR § 460.80 - Fiscal soundness and the application process. In demonstrating this, DHCS also requires that the documentation must show that the applicant's assets are greater than the unsubordinated liabilities, including when the applicant is applying for funding. Applicants must clearly document all funding being utilized for this application, including documentation of the source of funding and documentation of any agreements related to the funding. The proforma documents submitted by the applicant must contain reasonable assumptions for projected PACE cost and revenue from start up to the breakeven point.

Additional Considerations and Limitations

60 Minute Drive Time Analysis

The applicant is responsible for developing the initial 60-minute drive time analysis for each zip code identified in the initial application. Applicants must use the farthest points in the geographic boundaries to the PACE center. Applicants must take into consideration and incorporate time measures when multiple participants are being transported at the same time, while ensuring safety and all participant needs are being met. Applicants must also consider high traffic times in highly populated urban areas. The applicant must use commute hours of 6:00am to 8:00am and 2:00pm to 4:00pm. DHCS will review the initial analysis and conduct their own review. DHCS will identify a landmark at random in the farthest point of the zip code and calculate the drive to and from that landmark. DHCS calculates the drive using multiple traffic patterns throughout the day. If DHCS determines a zip code does not meet the drive time requirements, while taking into consideration all the factors listed above, the applicant will be required to remove the zip code from their application. DHCS will be unable to move forward with an application in which an applicant has refused to remove the request zip codes.

Multiple Initial Applications at Once

DHCS will not permit sponsoring or parent organizations applying to become a PACE Organization to submit a new initial application requiring a new "H" number until the current PACE Organizations under their scope have demonstrated their success in operating a PACE program and have passed their first trial period audit.

⁷ <https://www.dhcs.ca.gov/services/ltc/Pages/Templates.aspx>

Applying parent organizations with pending multiple initial applications while this new requirement was being developed will be grandfathered in and their pending applications will not be impacted.

Overlapping service area

New applicants proposing to enter an area already served by an existing PO must identify the overlapping zip codes in their LOI. DHCS will immediately notify by email any existing and/or pending POs of the new applicant's intent, and the existing and/or pending POs will have an opportunity to submit their own market feasibility study in response. The counter-feasibility study must be submitted to DHCS within 30 days of the existing and/or pending PO receiving the email notification from DHCS.

Overlapping service areas are determined at the zip code level. Therefore, if a PO is only servicing a portion of a county, and a new or expansion application is requesting a zip code not in the PO's service area, by zip code, then the new or expansion application would not trigger notification to the existing/pending PO for an overlapping service area competing market feasibility study.

DHCS will conduct its own market feasibility study using Medi-Cal data to verify the market feasibility studies that applicants/POs submit. DHCS will evaluate actual numbers of Medi-Cal beneficiaries by age and aid code and will use historical trends of clinical eligibility and market capture to compare against market analyses submitted by applicants/existing PO's.

Letters of Opposition

DHCS will acknowledge receipt of any letters of opposition submitted as part of the counter analysis process. DHCS does not place significant weight on letters of opposition, however all letters will be documented and taken into consideration.

Restrictions on Delegation

This PACE Policy Letter clarifies the PACE delegation restrictions set forth in previous DHCS PACE Policy Letters. DHCS prohibits existing and applicant POs from delegating or subcontracting the operation and staffing of existing and/or additional (expansion) PACE Centers and IDTs to a separate entity.

POs are responsible for coordinating and delivering the medical and long-term care of frail and vulnerable elderly Californians so that they can remain living safely in their community rather than receiving institutional care. Because of the complexity of this responsibility, the Department prohibits any arrangements to delegate the administration of a PACE Center or PACE IDT to third parties. These DHCS concerns regarding delegation in the PACE model are reflected in the Responses of CMS to Comments presented in the Federal Register, Volume 71, No. 236, pages 71247 to 71263, and 71270 to 71272, regarding Title 42, Code of Federal Regulations, parts 460.60, 460.70, and 460.71.

There is one existing delegated delivery model within PACE in California. The On Lok delegation contract with the Institute of Aging was originally established on August 1, 1996. This model was identified as a contractual arrangement in place on or before July 1, 2000 and was confirmed as “grandfathered” in by CMS in a January 15, 2002, letter. Grandfathering was necessary as the arrangement was not explicitly allowed under the PACE permanent provider regulations at that time.

While DHCS explicitly prohibits full delegation of the fundamental program elements of operation of the PACE Center and IDT, POs have the ability to subcontract for any service(s), as determined necessary by the IDT, to ensure that all services necessary to maintain a participant in their home/community are accessible by the PO. POs may enter into subcontracting agreements using the PACE Subcontract Boilerplate template provided by DHCS. Any amendments to the boilerplate template require the Department’s prior written approval.

All approved subcontracts need to be in place with signed contract agreements prior to the scheduled go-live date. Pending subcontracts must have the approval for extension granted by DHCS to be signed no later than 1 month after the go live date.

Please note that DHCS’ prohibition on the use of delegation in PACE does not impact POs option to utilize alternative care settings (ACS). An ACS is any physical location in the POs approved service area other than the participant’s home, an inpatient facility, or PACE Center. A PACE participant receives some (but not all) PACE Center services at an ACS on a fixed basis during usual and customary PACE center hours of operation. An ACS cannot replace a PACE Center and all PACE participants receiving services at an ACS must be assigned to a PACE Center and IDT.

POs in County Organized Health System and Single Plan Model Counties

Counties that provide Medi-Cal services through a County Organized Health System (COHS) are the sole source for Medi-Cal services in that county. Specifically, Welfare & Institutions code 14087.5 et seq. provides that counties that elect to organize as COHS hold the exclusive right to contract for Medi-Cal services in those counties. DHCS will only consider the operation of a third-party PO in a COHS county if the applicant includes a letter of support from the COHS that includes a statement from the COHS that the COHS supports the establishment of the independent PO in the county, and verification of the COHS’ concurrence with the applicant’s proposed service area. The COHS letter of support must be signed by the COHS’ Chief Executive Officer, Chief Financial Officer, or the Chief Operational Officer.

The COHS letter of support must be included with the LOI submitted by the applicant organization signifying its intent to expand into a COHS county or to start a new PO in a COHS county. A separate letter of support from the County Board of Supervisors is not required. Based on the provided information, DHCS will decide whether to move forward with a non COHS PACE application in a COHS county. If DHCS approves operation of a non COHS PO in a COHS county, the non COHS PO must contract

directly with DHCS and CMS as the PACE entity in the three-way program agreement. DHCS will not allow a COHS to contract with DHCS and CMS as the PACE entity in the three-way program agreement and then delegate operation of the PO to a separate entity.

The same rules apply to Single Plan Model Counties.

Licensing

With the implementation of AB 1128, primary care clinics, home health agencies, and adult day health centers (whether or not they are operated by a PO) that are providing services solely to PACE participants fall under the oversight and regulation authority of DHCS (W&I 14592(c)). POs should refer to the DHCS Policy Letter “DHCS Approval Process for Operating Primary Care Clinics, Adult Day Health Care centers, and Home Health Agencies under AB-1128” for details on the DHCS authority requirements under the AB 1128 process.

Primary care clinics, home health agencies, and adult day health centers (whether or not they are operated by a PO) that are providing services to a mixed population are subject to the authority of the California Department of Public Health (CDPH) licensing process.

PACE Centers must maintain a Primary Care Clinic (PCC) License and an Adult Day Health Center (ADHC) License. PO's must also choose to either maintain a Home Health Agency (HHA) License or contract with a licensed HHA for home health services. Health & Safety Code section 100315 allows DHCS, CDPH, the California Department of Social Services and the California Department of Aging to authorize exemptions to a PO from specific licensing requirements for clinics, ADHC centers, Community Care Licensing facilities, and HHAs that are duplicative, conflicting, or inconsistent with PO requirements. Applicants should consult with the appropriate licensing entity to verify licensing requirements and anticipated timelines.

For-profit entities applying to become a PO do not qualify to be licensed as a PCC as defined under H&S Code section 1204. Such a PO's PCC must comply with the standards set forth in Welfare & Institutions Code section 14592(c), and are subject to oversight and regulation by DHCS.

For POs that fall under the DHCS authority, the onsite and desk review of PCC, ADHC, and HHA standards will occur concurrently with the SRR of the PACE center. CMS will not accept the SRR until all required licenses are secured.

CDPH Licensure applications can be found on the CDPH website.⁸

⁸ <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/ApplyForLicensure.aspx>

Replacement PACE Centers

Existing PO's may move locations or consolidate PACE Center sites by constructing a replacement PACE Center. This scenario is distinct from the construction of a new PACE Center, which requires the submission of a Service Area Expansion application. Replacement Centers require the following transition planning items:

- Administrative Notifications: Notify CMS and DHCS at least 120 days prior to projected transition date.
- Transition Plan: PO's must submit a detailed transition plan that outlines the occupancy timeline, replacement center capacity, contingency planning, transportation plan, notification to participants, and details of any changes in staffing, policies and procedures, etc.

A PO seeking to replace its PACE Center(s) should refer to CMS guidance released on October 21, 2016 that provides further detail on the requirements for transition. Replacement Centers are not subject to the January 1 or July 1 start dates.

The new application process policies within this updated PL will become effective on the quarter following the final release of this PL.

If you have any questions regarding the requirements of this Policy Letter, please contact your Integrated Systems of Care, PACE Contract Manager.

Sincerely,

[ORIGINAL SIGNED BY]

Cortney Maslyn, Chief
Integrated Systems of Care Division
Department of Health Care Services

Enclosures

Attachment I
Attachment II
Attachment III