



Alliance for PACE Innovation and Quality

# Model Practices and Resources

The National PACE Association has launched the Alliance for PACE Innovation and Quality (APIQ) to support continued advancement of the quality, expanded access and growth of the Program of All-Inclusive Care for the Elderly (PACE). APIQ developed model practices and resources to expand access to and assure the quality of PACE. With each model practice, APIQ has provided additional resources for states to use when implementing the policy.

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## Statewide Access to PACE

Enrollment in a PACE organization is limited to those who reside within its defined service area. The service area is established in the PACE program agreement with the state and the Centers for Medicare & Medicaid Services (CMS). Since PACE can only serve those who live in the defined service area, access is defined by the service areas of PACE organizations that are specified in their provider applications and approved by state agencies.

Expanding PACE services throughout a state allows any individual who needs long-term services and supports (LTSS) the ability to enroll in PACE. The state should consider how to expand access to PACE services either through new programs and/or expanded service areas. This will allow PACE organizations to care for a larger number of those who need LTSS.

As states look to expand PACE statewide, they should pay particular attention to the rural areas of the state. When compared to their counterparts living in more urban areas, elderly individuals living in rural areas:

- » report worse health status,
- » are generally older,
- » have more functional limitations,
- » are more likely to live alone at age 75 or older,
- » are more likely to be poor or near poor, and
- » are at a greater risk of being placed in a nursing home.

Using this model practice, the state will examine its population's LTSS needs and adequately expand PACE to meet those needs. The state will consider how best to expand PACE both in more densely populated urban areas and in less densely populated rural areas.

- A.** The state will use appropriate data sources to assess projected growth for its 55-and-over population that meets a nursing home level of care. The state also will explore areas that are unserved or underserved by PACE and determine how best to encourage providers to serve those areas.
- B.** The state will identify areas that are more populated that are geographically close to less densely populated areas. The state will prioritize those areas and seek providers who are able to serve both the more populated areas and the less populated areas.
  - a.** If a provider seeks more densely populated areas but does not include less densely populated ZIP code or counties, the state will follow up with the applicant and encourage them to revisit the proposed service area.
  - b.** The state will work with the provider to determine how best to include the less densely populated area in the proposed service area. The state could do the following:
    - i. encourage the provider to think about a different center location to better serve both areas,
    - ii. work with local referral sources to ensure they are aware of PACE and who in the community could benefit from PACE services, and
    - iii. develop Medicaid capitation rates to support the start-up costs and the lower number of participants that the site will serve.

- C.** For more rural and less populated areas that cannot be paired with more densely populated areas, the state will identify and implement flexibilities for the PACE organization so they can better serve individuals in rural areas, including the following:
  - a.** Easing transportation requirements:
    - i.** Increase allowable distance from center to capture more rural areas for current providers.
    - ii.** If the state has additional transportation certification for other home- and community-based service programs, ensure those requirements are not applied to PACE.
    - iii.** Identify opportunities that encourage more staff travel and less participant travel.
  - b.** Explore the use of alternative care settings (ACSs) to make PACE more accessible to individuals throughout the PACE service area. Encourage PACE organizations to contract with ACSs in more rural areas of the state so participants can receive some of the care they need, while minimizing the number of times they need to travel to the PACE center.
  - c.** In areas where there is a limited direct care workforce and the need for greater flexibility to meet the needs of participants, work with PACE organizations to accommodate consumer-directed care models.
  - d.** Support the expanded use of telehealth and telecare by making permanent the temporary flexibilities granted during the COVID-19 public health emergency to supplement and enhance care that already is being provided by enabling additional methods of interactions and support.
  - e.** Encourage the use of community-based physicians and support staffing flexibilities, including staffing waivers (e.g., the requirement that the interdisciplinary team must include a master's-level social worker) and allow for additional flexibilities for staff competencies to allow staff to fill multiple roles.
- D.** Once the state has selected a provider, the state and the selected provider will work together to make PACE operational within a two-year timeframe. To achieve this, the following is necessary:
  - a.** The state and prospective provider will work closely to submit the application to CMS.
  - b.** Once CMS is reviewing the application, the state will work closely with the provider to ensure processes and systems are ready for the initiation of PACE operations.
  - c.** If there is a significant delay by the selected provider in getting PACE operational, the state reserves the right to withdraw the area and seek a different provider.
- E.** The state will provide sufficient funding to support PACE growth in response to provider and consumer interest and need.
  - a.** The state will develop rates that account for the unique health care opportunities offered in both urban and rural areas.
  - b.** For rural areas the state will make sure the rates are sufficient to make the program viable, especially considering there may be fewer people to serve and Medicare rates tend to be lower in rural areas.
  - c.** If funding for PACE comes from the state legislature, the state administering agency proactively will share growth and Medicaid capitation rate projections to ensure there is sufficient funding in the budget.

## Eligibility and Enrollment in PACE

At the point that individuals and their families consider enrolling in PACE, the need to access community-based LTSS often requires a decision be made quickly to avoid institutional placement. To help individuals access this care quickly, states can apply model practices to do the following:

- » work with options counselors to ensure that all long-term care options are provided in a competent, comprehensive and conflict-free manner;
- » empower PACE organizations to assess whether individuals meet the state nursing home level of care criteria, while approving those assessments in a timely manner; and
- » allow individuals to receive PACE services prior to enrollment and provide PACE organizations with a pro-rated Medicaid capitation payment.

### Options Counseling

- A.** The state will make options counseling available to all individuals who:
- a. request or indicate an interest in receiving information or advice concerning long-term support options;
  - b. are required to enroll in an insurance plan as part of a state-managed LTSS program or financial alignment demonstration initiative;
  - c. are referred by a hospital, nursing home, assisted living home or other long-term residential setting; home- and community-based waiver services provider; or another agency;
  - d. have had a recent change in health status, resulting in a greater need for LTSS;
  - e. need assistance coordinating their LTSS and health care needs across many services and systems;
  - f. have LTSS needs but are unsure about the process of accessing services or what services will best meet their preferences or needs;
  - g. lack awareness of existing community resources and supports and could benefit from decision support and education around their options;
  - h. have cognitive impairment and could benefit from support about early intervention, caregiver support or LTSS related to dementia;
  - i. have behavioral health needs and would like support on options related to their specific needs or situation; or
  - j. disenroll from their current managed care or LTSS plan.
- B.** The state will provide individuals with comprehensive, timely, conflict-free counseling by doing the following:
- a. Requiring options counselors to assess an individual's need for LTSS, assess existing supports, and explore the individual's values and goals.
  - b. Educating options counselors on the full range of services available to ensure individuals receive comprehensive, accurate, unbiased information about all available services. Options counselors will have access to information about all the long-term care options and will present information about the various programs in alphabetical order to prevent any potential bias.
  - c. Training options counselors on how to assist individuals in connecting with appropriate service providers.

- C.** Whenever possible, options counseling services should not have any financial, organizational or other relationship with LTSS providers, health plans and sponsors. However, if an organization offers both counseling services and LTSS, the state will do the following:
  - a.** Develop and enforce policies and procedures to separate those functions or contracted relationships from the options counseling function.
  - b.** Develop evaluation tools and assessments to ensure that options counselors are not engaging in self-referral or referrals to organizations with which they have a contracted interest. These evaluations will measure self-referral and contractually related organization referral rates, explore patterns and trends in enrollment, and evaluate the effectiveness of the organization in separating functions and minimizing opportunities for abuse.
- D.** To ensure options counselors are knowledgeable and experienced, the state will undertake an evaluation of the entire system to assess whether individuals' needs are being met. The evaluation will review enrollment processes, "no wrong door" policies, options counseling, consumer satisfaction and ombudsman processes. Evaluation measures will address the following:
  - a.** timeliness of options counseling and enrollment;
  - b.** regular training and assessment of options counselors and enrollment brokers;
  - c.** whether options counseling, enrollment brokers and ombudsman programs are independent, unbiased and conflict-free;
  - d.** options counseling delivered in accordance with agreed-upon standards;
  - e.** outcomes of options counseling that can be tracked and measured; and
  - f.** consumer awareness of LTSS options and satisfaction with the options counseling service.

## Expedited Enrollment in PACE

To ensure individuals enrolling in PACE experience a streamlined and expedited eligibility determination process, the state will implement a process to allow PACE organizations to undertake a pre-enrollment screening during which a Level of Care (LOC) form is completed.

- A.** During the pre-enrollment screening, all PACE organizations will be required to utilize a standard form that will be submitted to the state and used by the state LOC review team to assess whether an individual meets state criteria for a nursing home level of care.
- B.** The LOC form will be securely submitted electronically to the state review team, which will perform an expedited review within five days. The review team will make an eligibility determination based on the information provided. All individuals who are determined Nursing Facility Clinically Eligible by the review team will be enrolled in PACE. If the review team is unable to certify eligibility based on the information provided by the PACE organization, the team will contact the PACE organization with a request for additional information or, if necessary, deny enrollment.
- C.** The state will ensure that its information technology system supports an efficient process for enrolling in PACE. The process should be comparable with enrolling in other long-term care options.
- D.** To assure the accuracy of the LOC assessment pre-enrollment screenings of a PACE organization, the state review team will conduct a quarterly audit and randomly select 20 percent of completed initial comprehensive assessments to ensure the information provided in the LOC tool is consistent with the information documented in the comprehensive interdisciplinary team assessments.
- E.** If the audit results in a finding that the comprehensive assessment does not support the information provided in the LOC tool, the participant is disenrolled retroactively from the PACE organization, and the PACE organization is subject to 100 percent recovery of any capitation received for the months the ineligible participant was enrolled.



## Providing PACE Services Prior to Enrollment

Prospective PACE enrollees currently are required under federal regulations (§460.158) to wait until the first day of the month following the date the PACE organization receives the signed enrollment agreement to enroll in PACE. Given the often urgent needs of prospective PACE participants and their families, states and PACE organizations should work together to seek ways to provide prospective PACE enrollees' access to services while they await their effective PACE enrollment date. Addressing timely access to health care services is needed to make access to care for PACE participants as timely as access to care in a nursing facility.


Admission to a nursing facility does not involve the delays imposed by the PACE effective enrollment date process. As a result, older adults may be forced to enter a nursing facility to obtain care quickly rather than enroll in PACE, which enables them to continue living in at home.

- A. The state will ensure that it is compliant with PACE federal regulations (§460.158) and the participant's enrollment in the program is effective on the first day of the calendar month following the date the PACE organization receives the signed enrollment agreement.
- B. The state will adopt its option of choosing to pay a PACE organization that provides services to an individual prior to the effective date of enrollment on a fee-for-service or pro-rated capitated basis.
- C. The state will identify an alternative payment authority to pay for these services outside of the PACE budget. Some of these payment options could include a fee-for-service provider or a Medicaid managed care authority.
- D. The state will make pro-rated payments to the PACE organization for the services provided to the individual.
- E. If the PACE organization believes there are any errors in the remittance, they will notify the state. The state and the PACE organization will work together to reconcile the payments.

## PACE Quality

As PACE continues to grow, states often seek information about the value of the program and how to ensure that it continues to provide high-quality care to participants. However, it can be a challenge to identify measures that are appropriate for PACE organizations that also provide states with the needed information on value and quality. States overseeing PACE and PACE organizations should work together for a clear understanding about why the state collects this information, what quality information is the most relevant, and how best to gather that information. States can apply the following model practices related to quality to assure high standards of PACE services:

- A. The state will identify and share the goal and purpose of collecting quality data and the initial scope of the measures and seek initial feedback from PACE organizations.
- B. The state will form a workgroup that includes appropriate PACE representation.
- C. The workgroup will identify measures that meet the following criteria:
  - a. **High Impact:** Measures of high prevalence and high cost in a national priority area.
  - b. **Useable and Relevant:** Measures will address issues that are important to the PACE population and can be acted upon by PACE organizations to improve quality.
  - c. **Feasible:** Measures will be based on data that are readily available to use without undue burden.
  - d. **Useable and Reliable:** When implemented, measures must reflect consistent and credible results.
  - e. **Transparent:** Measures should be transparent, with stakeholders having a clear understanding of their basis and use.

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- D. The workgroup will conduct an inventory of measures that meet the criteria in Section C. Once the inventory is complete, the workgroup will select an initial set of measures for PACE organizations to report on.
  - E. The workgroup will determine the appropriate time frame for quality reporting and how the quality information will be reported.
  - F. After the initial reporting time frame, the workgroup will review the initial set of measures and the reporting experience and make modifications as necessary.