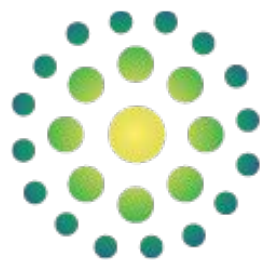




# Best Practices for Growth Webinar #2: Confirming Eligibility



# PACE 2.0

April 12, 2022

*Supported By: The John A. Hartford Foundation, West Health, and  
The Harry and Jeanette Weinberg Foundation*

*Support. Innovate. Lead.*

# Welcome!

# Welcome!



**Abigail Zier Alyesh, MPH**  
Improvement Advisor  
Founder, The Improvement Lab



**Jennifer Ross, RN, MSc**  
Improvement Advisor  
The Improvement Lab



**Peter Fitzgerald**  
Executive Vice President,  
Strategy & Policy  
National PACE Association  
[peterf@npaonline.org](mailto:peterf@npaonline.org)  
703.535.1519

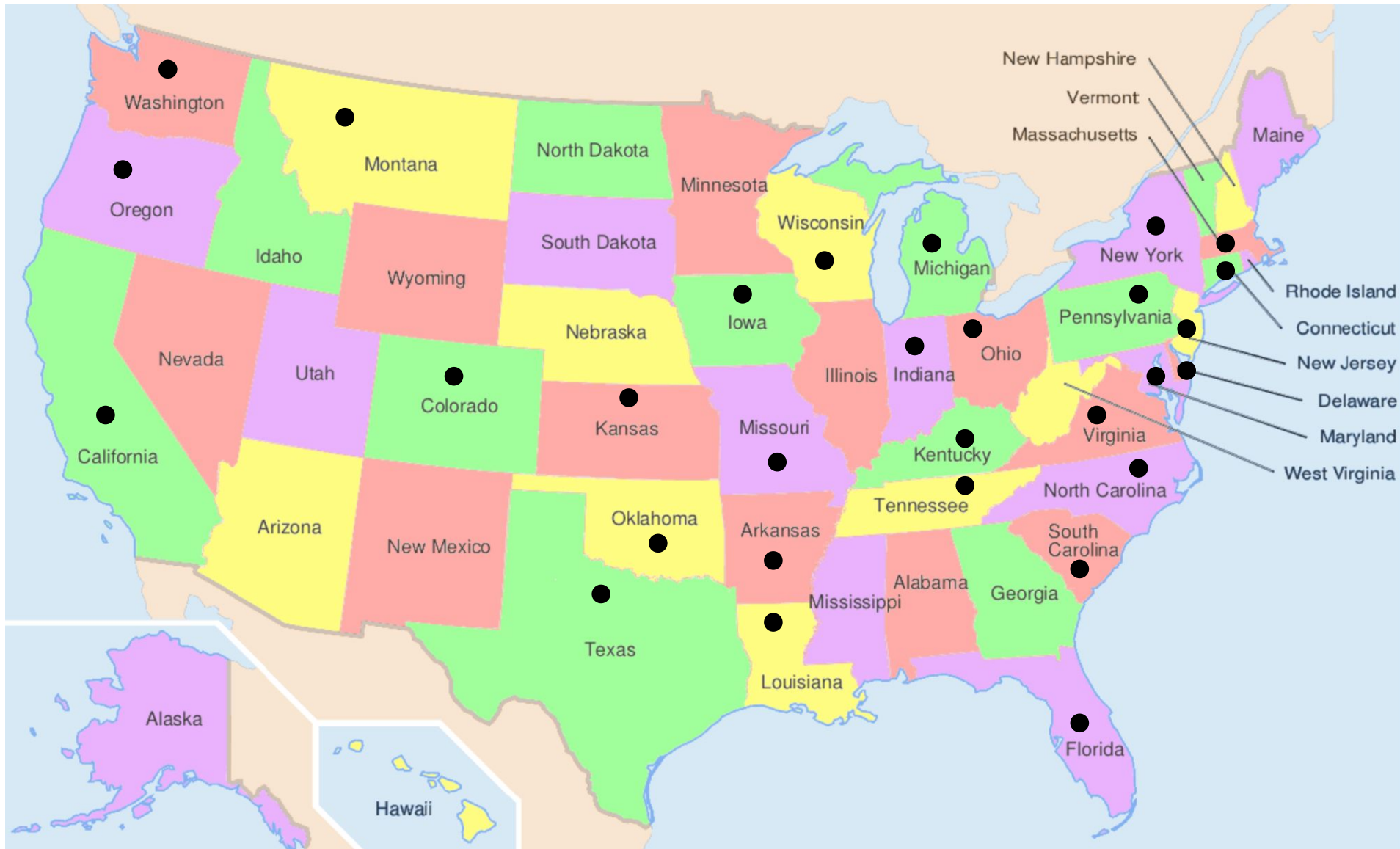


**Anita Gibson, MBA**  
Senior Director,  
Project Management & Policy Communications  
National PACE Association  
[anitag@npaonline.org](mailto:anitag@npaonline.org)  
703.535.1535



**Tyler Coble**  
Project Coordinator  
National PACE Association  
[tylerc@npaonline.org](mailto:tylerc@npaonline.org)  
202.924.2847

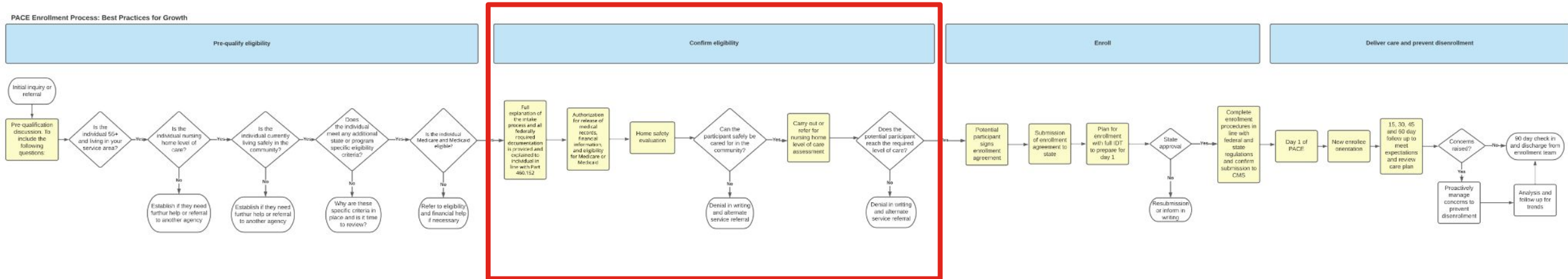
# Participants



# Agenda

- Welcome (5)
- Close out pre-qualifying eligibility (15)
- Confirming eligibility overview (30)
- Process deep-dive: Application to your PACE organization (30)
- By next month (10)

# 12 Step Enrollment Process



# Learning objectives

- Identify best practices for confirming eligible PACE participants
- Identify non-value added steps in your process for confirming eligible PACE participants
- Identify 1-2 changes to make to your current process to try with a prospective participant this month

# Close out pre-qualifying eligibility



# 80/20 Rule Refresher

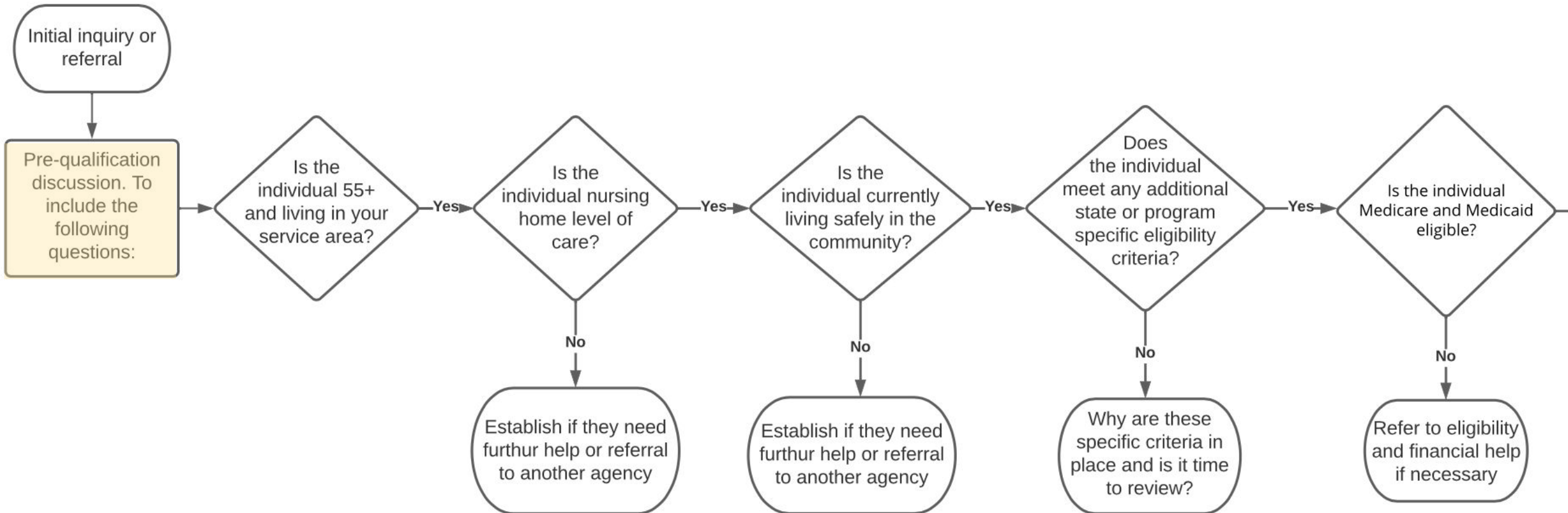
Design for the majority (80%), not the exception (20%)



# Standard operating procedure

## PACE Enrollment Process: Best Practices for Growth

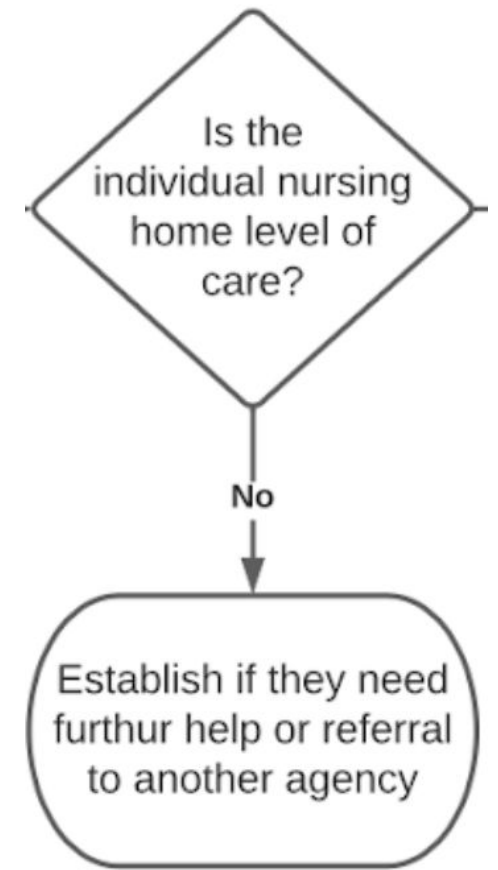
### Pre-qualify eligibility



# Nursing home level of care

What five questions will “future proof” the process so that anyone can step in and do the job?

1. Are you currently receiving (insert your state-specific LTC service that uses the same Level of Care)?
2. Who assists you in the home and what do they do?
3. Do you get assistance from another person with daily tasks, such as going to the bathroom, getting in and out of a chair/bed or eating food?
4. Have you had any falls?
5. Does anyone help you remember medications or to pay your bills?



# Poll

Did you (or someone in your organization) try five scripted questions to pre-qualify nursing home level of care?

# Safety in the community

1. What would you (or your loved one) do in case of a fire?



# Poll

Did you (or someone in your organization) try the one scripted question to pre-qualify living safely in the community?

# What questions did you encounter?

# Confirming eligibility

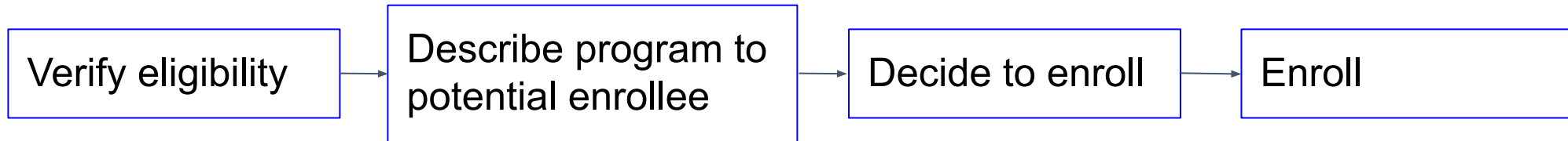



# Poll

Is a 24 hour enrollment possible in your organization (i.e., inquiry to signed enrollment agreement)?

# 3 Hour Enrollment

# 3 Hour Enrollment



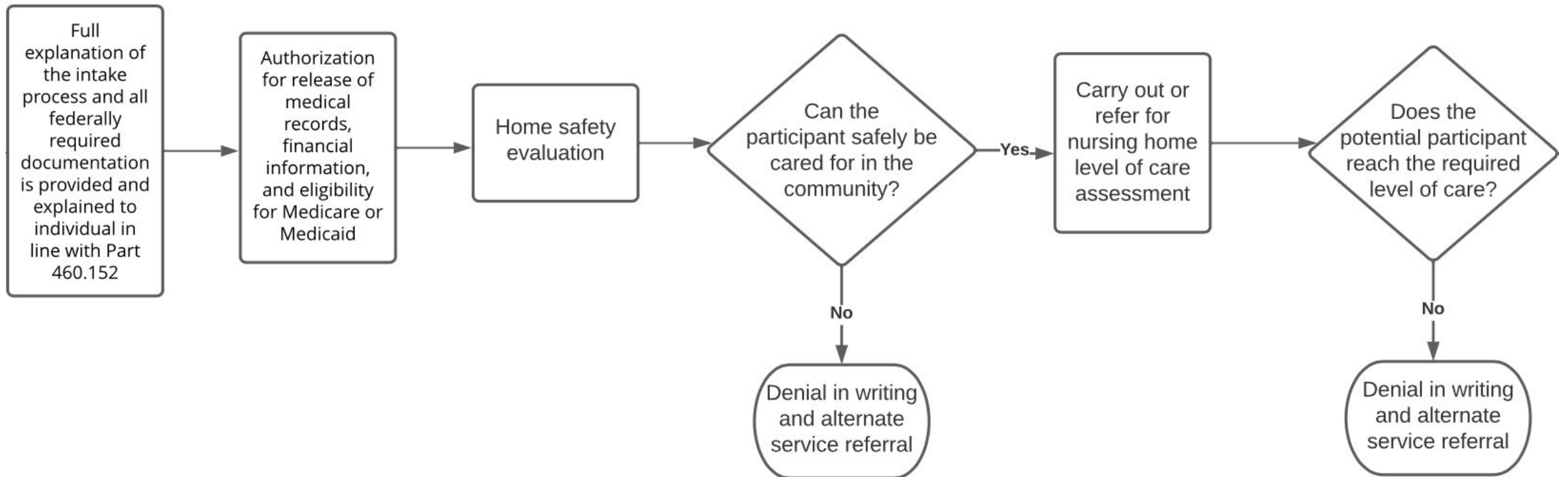
A decorative graphic on the left side of the slide, consisting of several overlapping, hand-drawn loops in shades of yellow, orange, and purple, resembling a stylized plant or abstract shape.

Your system is perfectly designed to give you the results that you are getting.

Embrace being uncomfortable.  
If you're not uncomfortable, the change isn't enough.

# Standard operating procedure

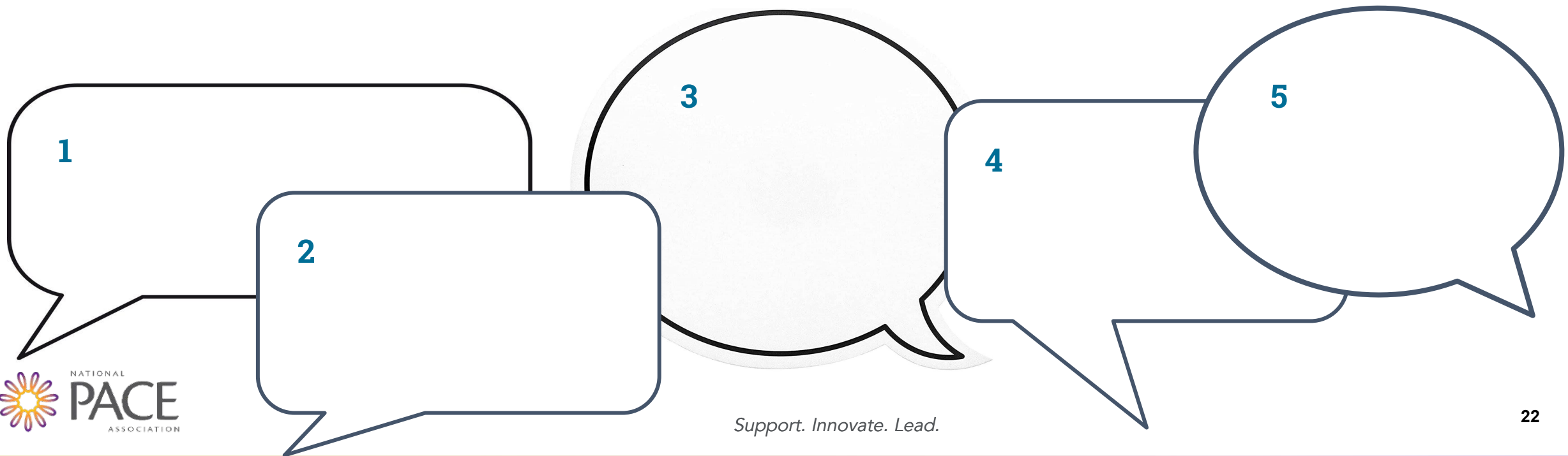
## Confirm eligibility



# Guiding principles: Ask 5 Rule

For each step in confirming eligibility, you should be able to ask five people how to do it and get the same answer.

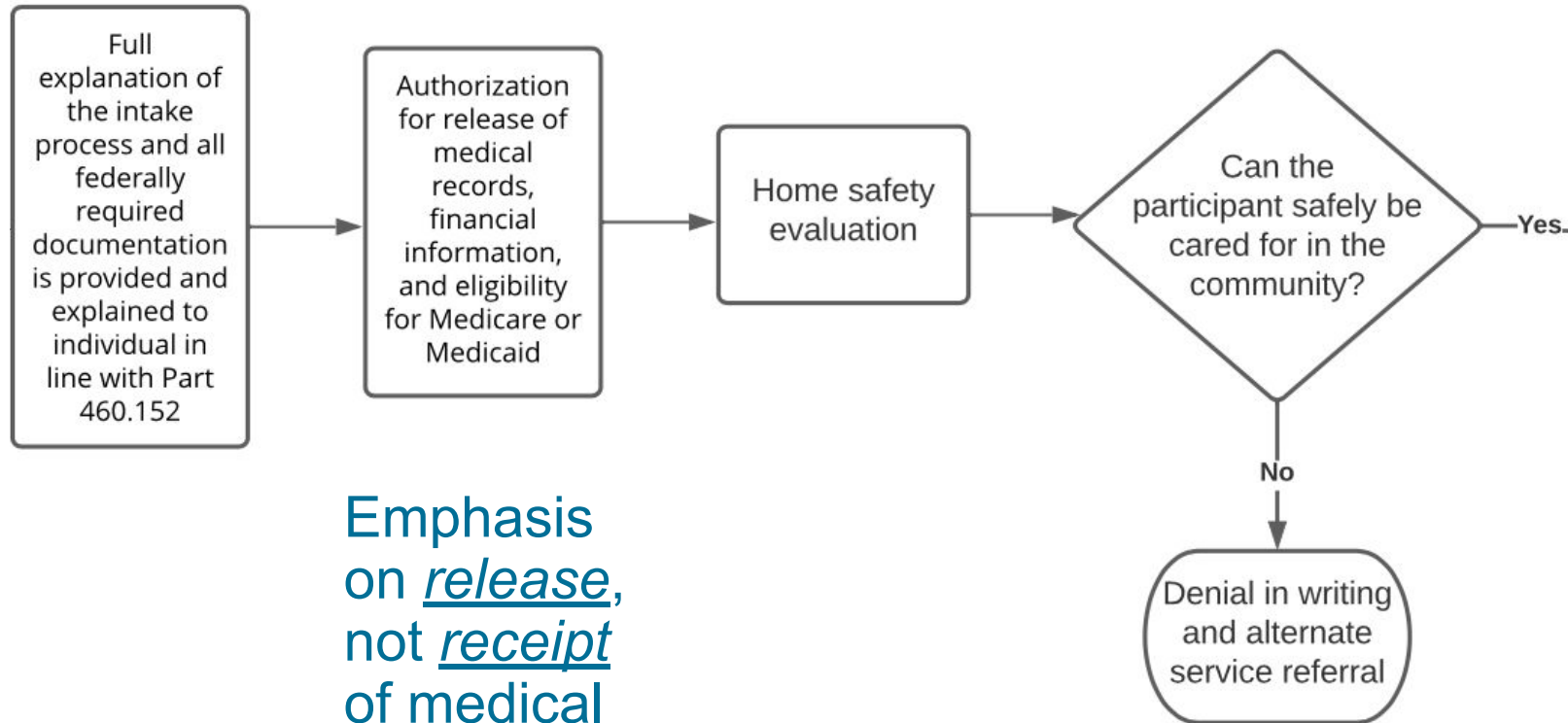
- Each step has a sub-process
- Each sub-process should be standardized\*



# Ask 5 rule



# One Home Visit: Standard Operating Procedure



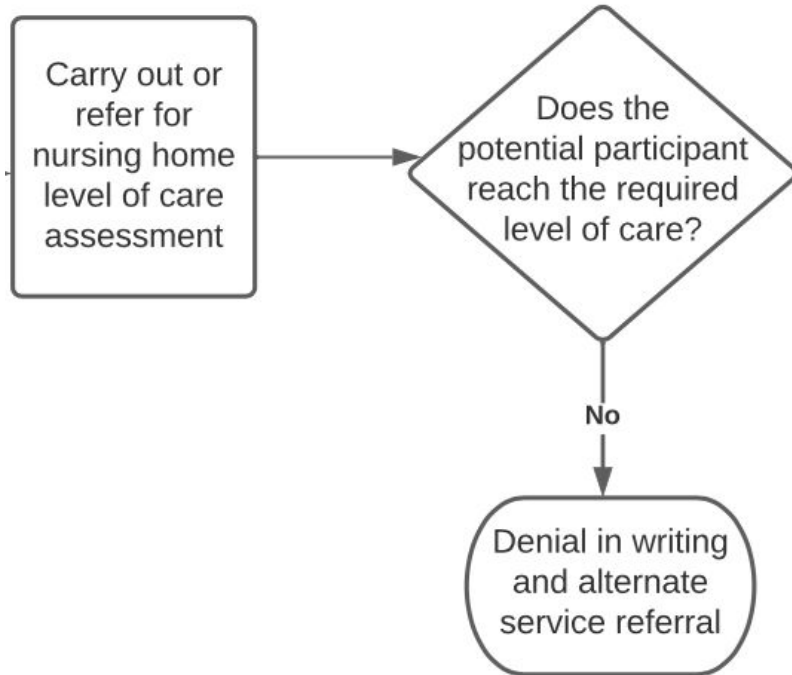
Emphasis on release, not receipt of medical records.

For each step:

- Who does it?
- When should it be done?
- Where is it done?
- How is it done?
- What is needed to do it?



# Level of Care Assessment: Standard Operating Procedure



1. Nurse visit to home

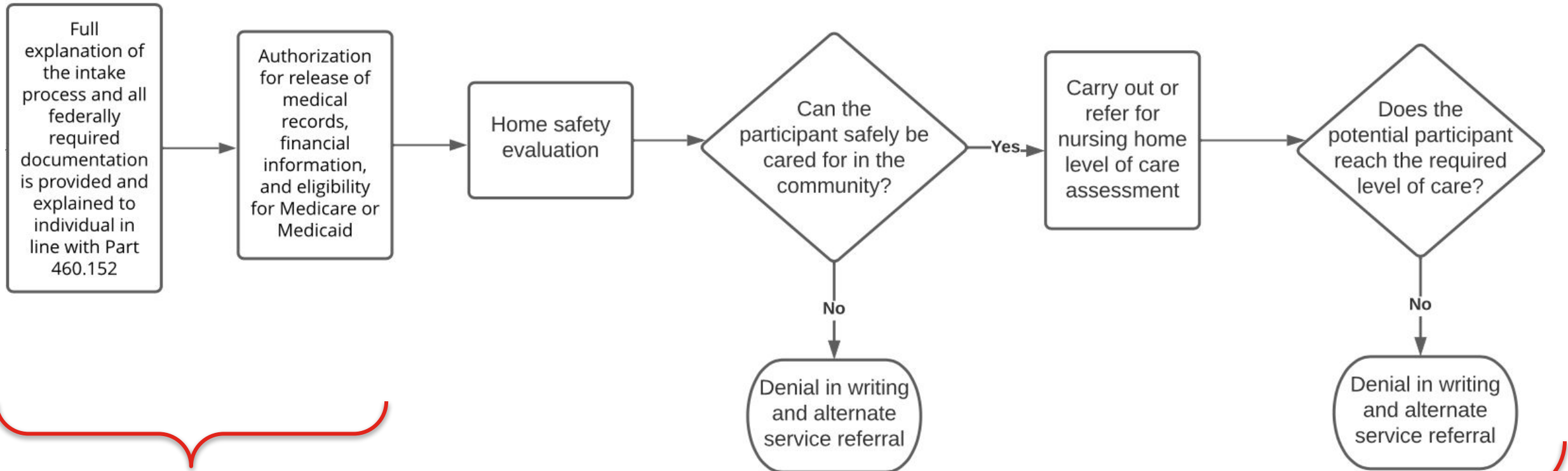
*or*

2. **Participant brought to center for LOC assessment**

→ Which is better use of time for participant and caregiver?

→ Which is better use of time for nursing staff?

# Alternative – but more \$\$?



Can be virtual/electronic

Can be a single visit if LOC nurse is willing to do home safety quickly

# Takeaways

- Establish a predictable process within the month (or shorter!)
- Don't make this more than two steps
- These steps can be completed by the Intake/Enrollment team
- If the work can be completed by an unlicensed professional, it should be
- You don't need a care plan to submit an enrollment application
  - Don't delay care pending medical records
- Save the most expensive step for last (level of care) -- because might involve a clinical person

# If you have extra steps

Who benefits from the step?

You?

State?

Participant?

# Questions?

# Process Deep Dive

Application to Your PACE Organization

# For your consideration

If the intake and enrollment team was left to design the entire enrollment process by itself, what's the worst that would happen?

# For your consideration

If the clinical team was left to design the entire enrollment process by itself, what's the worst that would happen?



# That sounds nice, but...

- ...The clinical team doesn't trust our judgment
- ...The intake and enrollment team isn't going to end up taking care of this person
- ...My professional judgment is on the line
- ...If we increase enrollments we won't be ready
- ...We don't have the staff capacity for growth
- ...Intake and enrollment need to collect enough information to present the case to the clinical team

tanmay vora

@tnvora

QAspire.com

# 4 BASIC HUMAN NEEDS FOR ENGAGEMENT

VIA RANDY CONLEY

THE NEED FOR  
**TRUST**



AT THE HEART OF  
TAPPING PASSION  
& EFFORT OF  
PEOPLE



THE NEED TO HAVE  
**HOPE**



LEADERS ARE DEALERS  
OF HOPE

FOSTER HOPE

THE NEED TO FEEL A  
**SENSE OF WORTH**

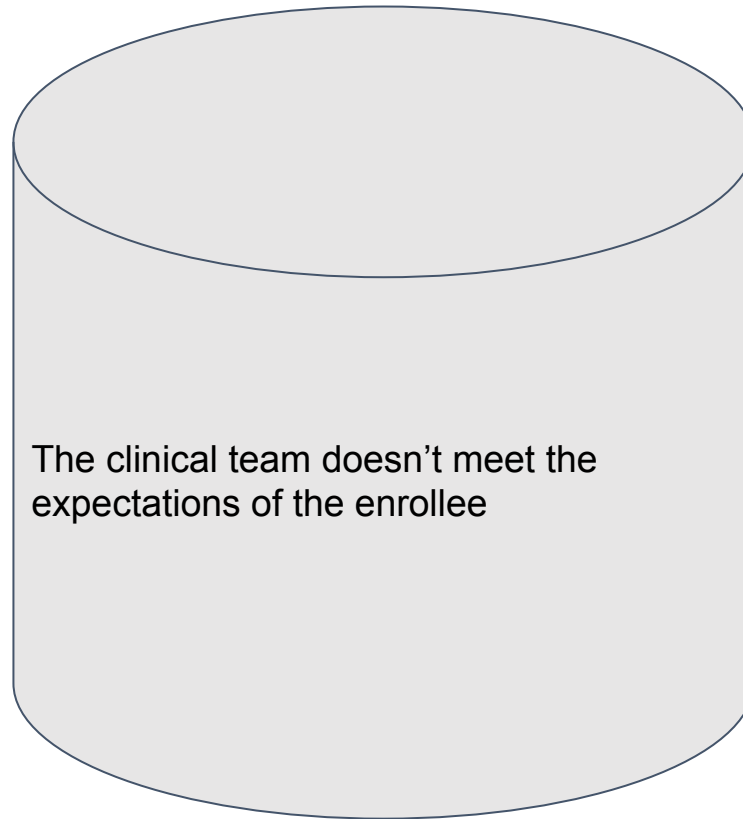
PEOPLE DERIVE TREMENDOUS  
SENSE OF WORTH FROM WORK

REWARDS & RECOGNITION



THE NEED TO FEEL  
**COMPETENT**  
CHALLENGING WORK  
THAT HELPS PEOPLE GROW

# What We Fear

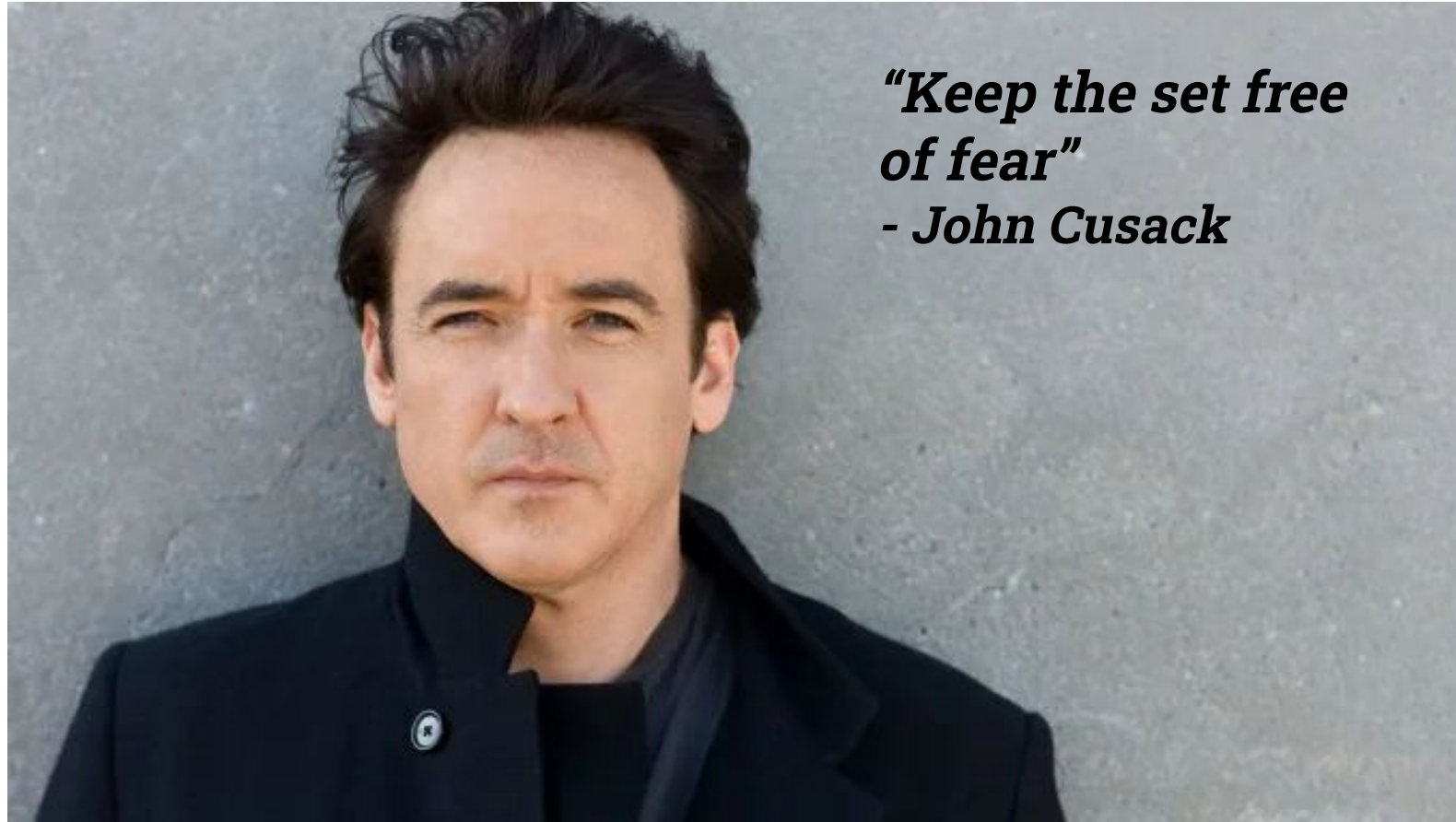




**Outreach  
and  
Enrollment  
Team**

**Clinical  
Team**

# John Cusack Rule



# Positive culture building strategies

1. Get concerns out in the open
2. Co-design the process
3. Try something once

# Your Turn

What has worked for you to minimize fear?  
To bring intake/enrollment and clinical teams towards trust?

# By next month



# Your turn

**Where does your current process differ from what we have outlined?**

For each different step:

- For whom does the step add value?
- How much time does the step add?
- Is the step capturing a majority of cases or a rare occurrence?
- Bottom line: Does it need to be different?

# By next webinar

## To do:

1. Examine your current process. Where does it need revision?
2. Try this standard process with at least one inquiry to confirm eligibility of a participant. Be prepared to share.

# Evaluation

# Next up

## **Webinar #3**

**May 10, 12:30-2 ET**

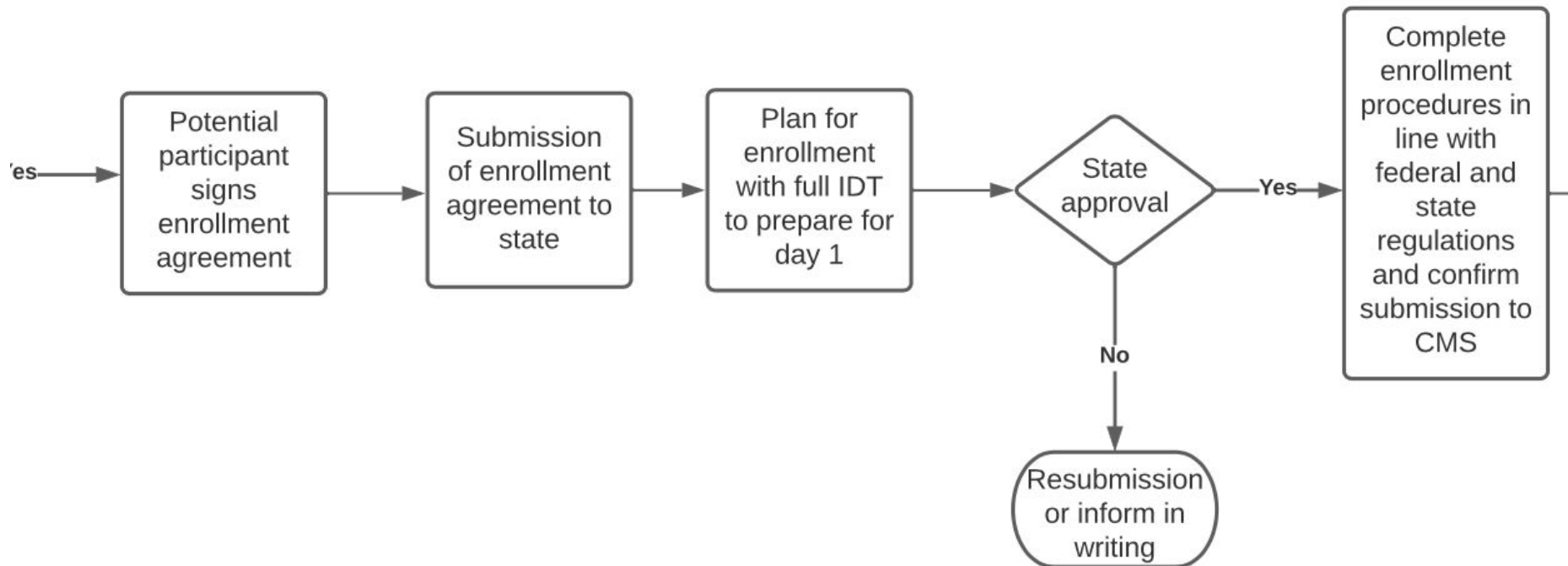
**Enrollment**

## **Webinar #4**

**June 14, 12:30-2 ET**

**Delivering care and preventing disenrollment**

# Webinar 3



# Webinar 4

Deliver care and prevent disenrollment

