PACE @CHCs

Program of All-Inclusive Care for the Elderly at Community Health Centers

PACE Feasibility: *Domains of Assessment*

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THE GALWAY GROUP

NATIONAL ASSOCIATION OF Community Health Centers

NATIONAL PACE ASSOCIATION

Overview

PACE@CHCs is a collaboration between NACHC, National PACE Association, Capital Link and The Galway Group

Webinars and in-person trainings (including this session) supported by the Retirement Research Foundation

Individualized technical assistance provided by The Galway Group and Capital Link:

- **PACE feasibility analysis**
- Preparing for operations
- Designing clinical and operational practices and policies for a working PACE program
- State and federal application development and licensure processes
- Capital planning and financing assistance

Market Feasibility: Demand for PACE Services

Key Considerations:

- Geographic Service Area: Zip Codes/ Census Tracts
- Population Size
  - Age and Disabilities
  - Clinical Eligibility for Nursing Home
  - Dual Eligible: Medicaid/Medicare
- Feasible Market Share: What % of this population would need to enroll for viable PACE program?
- "Competition": What service alternatives are available?
  - Medicaid/State funded: Nursing Homes, LTSS services
  - State Plan/Waiver services: e.g. ADH, home care, personal care, assisted living
  - MMP—Medicaid Managed LTSS plans? Voluntary/Mandatory?

Financial Capacity and Resources

Review financial and operational data:

- Patients over 65, dual-eligible
- Scale: Assets, Liabilities, Total Revenues
- Operating Margin
- Days Cash on Hand
- Sources of capital

PACE *Pro Forma*:

- Enrollment timeline
- Revenue assumptions
- Expense assumptions
- Income statement projection: 18-24 month minimum to break-even and beyond
- Working capital needs
- PACE Center: plan of finance

Organizational Structure and Capacity

Leadership and Key Staff

- Clinical Leadership
- Program Development
- Financial and Administrative Staff
- How does PACE fit into overall CHC leadership structure?

Program Experience and Services

- Hospital/Nursing Home rounding and coverage
- Home Care
- LTSS: transportation, meals, personal care, homemaker
- Interdisciplinary Care Team
- Pharmacy

Organizational Structure and Capacity (con’t)

Experience

- Caring for older, frail and complex populations: history of serving target population?
- Use of Interdisciplinary Teams
- Managing risk, experience in managed care where CHC is at financial risk for enrolled population
- Medicare Advantage Plans
- Developing contracted service networks
- Claims payment
- EMR, IT and accounting systems to support billing and service utilization reporting requirements
- Medicare Part D and/or 340b program

Key Relationships and Mission Alignment

Areas of Support:

- State policy environment
- CHC Partnership/relationship with the State
- CHC Mission: Is PACE a strategic fit?
- CHC Board Support
- Community support and representation

Potential Referral Sources

- Area Agencies on Aging (Triple A)
- Home Health, Hospital Discharge providers
- Housing and other Service Providers
- Family, informal caregivers

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Thank you!

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